RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
My Family Home
662 West 50 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a monitoring state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964385** | **11/08/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**MY FAMILY HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**662 WEST 50 STREET**<br>**HIALEAH, FL 33012** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

A wellness monitoring was conducted on 11/08/2016. My family home with standard license # 9078 had the following deficiencies found at the time of the survey:

**0025 Resident Care - Supervision**

Based on interview and record review the facility failed to maintain a written record, updated as needed, of any significant changes, an illnesses that resulted in medical attention for 2 out of 7 residents (Resident #2 and #7).

Findings:

On / at 8:15 a.m. Staff B stated Resident #2 was hospitalized for . The facility administrator stated resident #7 was hospitalized since due to an and was not coming back to facility.

Record review showed the facility failed to maintain a written record of the changes in condition or hospitalizations of Residents #2 and #7, and failed to document that resident #7 was not coming back to facility.

On / at 1:00 p.m. the Administrator acknowledged the facility failed to maintain residents #2 and #7 records updated as needed.

Class III

**0079 Staffing Standards - Levels**

Based on observation, record review and interview the facility failed to have an accurate staff schedule showing weekly staffing hours.

Findings:

On / at 8:15 a.m. Staff B and C were observed in facility with 6 residents.
On / at 8:25 am, the Administrator arrived.

Record review showed the facility had the following Staff scheduled to work on /

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Staff A from 7 am to 7 PM
Staff B From 7 PM to 7 am
Staff C From 9 am to 6 PM
Staff D off

A review of the AHCA background screening database showed Staff D was not eligible to be an AHCA provider as of 10/25/2016.

On / at 1:00 p.m. the administrator acknowledged that the staff schedule was not accurate.

Class III

**0081 Training - Staff In-Service**

Based on observation, record review and interview, the facility failed to ensure that 1 out of 3 staff was trained in assisting residents with the activities of daily living (ADLs)(Staff B) .

Findings:

On / at 8:20 a.m. Staff B and C were observed in facility with a census of 6 residents. Staff B and C were observed assisting residents with the activities of daily living.

Record review showed that there was no documentation that Staff B (hired on ) was trained in assisting residents with the activities of daily living.

On / at 1:00 p.m. the facility administrator acknowledged the facility had no documentation of the ADL training for Staff B.

Class III

**0090 Training -**

Based on record review and interview, the facility failed to provide documentation that 1 out of 3 Staff was trained in policies and procedures regarding ( ) (Staff C).

Findings:

Record review showed that there was no documentation that Staff C, hired on , had been

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trained in policies and procedures regarding .

On 11/08/2016 the facility administrator acknowledged the facility had not trained Staff C about .

Class III

**0160 Records - Facility**

Based on observation, record review and interview the facility failed to have an accurate Admission and Discharge log.

Findings :

On / at 8:15 a.m. Resident #1, #2, #3, #4, #5 and #6 were observed in facility.

A review of the Admission and Discharge log showed Residents #5 and #6 were not listed, while discharged resident #7 was still in the log as a resident.

On / at 12:00 noon, the Administrator acknowledged the Admission and Discharge log was not accurate.

Class III.

**0162 Records - Resident**

Based on observation, record review and interview the facility failed to have a Contract executed between the facility and 1 out of 6 (resident #6) facility residents.

Findings as follow:

On / at 8:15 a.m. Resident #6 ( # ) was observed in facility.

Record review showed the facility had no a Resident Agreement between Resident #1 and the facility.

On / at 1:00 p.m. the facility administrator acknowledged the facility had no a Resident Agreement with resident #1.

Class III

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**Z813 Results of Screening & Notification in File**

Based on record review and interview the facility failed to have a signed attestation of compliance with background screening for 3 out of 3 staff (Staff A, B and C) .

Findings:

Record review showed that there was no documentation of the attestation of compliance with background screening for Staff A (hired on ), Staff B (hired on ) and Staff C (hired on ).

On / at 12:20 p.m. the facility administrator acknowledged that the signed attestations for Staff A, B and C were not present.

Class III

**Z814 Background Screening Clearinghouse**

Based on record review and interview the facility failed to have an up-to-date Staff roster in the background screening clearinghouse database.

Findings:

A review of the background screening clearinghouse database showed the facility's Staff Roster had Staff A, B, C and D on it. Further review showed that Staff D had an ineligible result starting .

On / the facility administrator stated he thought Staff D was already removed from the facility clearinghouse roster.

Class III