RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

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
	AL11953319	12/05/2016
NAME OF PROVIDER OR SUPPLIER **MY HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 NW 188TH STREET** **MIAMI, FL 33169**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to provide documentation of the signed attestation of compliance with background screening in the personnel record for 3 out of 3 sampled employees (Staff A, B and C).

Findings included:

Personnel record review of Staff A, B and C's records revealed that none of them had the signed Attestation of Compliance with background screening.

On . . . . The Administrator stated at 2:50 pm that he would print the forms out of the and give them to the employees to sign.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees on the facility's roster within the background screening clearinghouse database.

Findings included:

Review of the facility's roster within the background screening clearinghouse database showed that it was blank.

On . . . . at 10:25 am the Administrator stated that he would find out how to complete the roster in the clearinghouse.

Class III

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0000 - Initial Comments

A Full Monitoring Survey was conducted on 05, 2016. My Home ALF, Inc. (License # 8570) had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have accurate health assessment for 4 of 6 sampled residents (Residents # 1, # 3, # 4 and # 6).

Findings included:

A review of Resident # 1's health assessment revealed that the resident was able to self-administer medications, but the resident was receiving assistance with self-administration of medications.

A review of Resident # 3's health assessment revealed that it did not specify the type of assistance that the resident required with medications and he was receiving assistance with self-administration of medications, and self administered 16 units in the morning and 12 units in the evening.

Record review of Resident # 4's health assessment revealed that the resident required assistance with self-administration of medications. The resident was self-administering 30 units in the evening.

A review of Resident # 6's health assessment revealed that the resident required assistance with self-administration of medications. The resident was self-administering all of his medications.

On at 10:25 am the Administrator stated that he did not think that Resident # 1 would remember to take his medications.
On / at 12:20 pm the Administrator stated that Resident # 6 kept the medications in his was able to self-administer them. Review of the informed consent for assistance with self-administration of medications revealed that it was not signed and it had a note written by the resident that stated, " Will be responsible for administering my own medication with assistance from visiting nurse. Will retain my medication in my possession. " Signed by Resident # 6 on / . There was also a note saying, " Visiting nurse may take samples II. "

On at 2:17 pm Resident # 4 stated that he had been self- injecting his since he was in High School.
On / at 2:27 pm the Administrator stated that Resident # 3 self-injects the .

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Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed to maintain a written record on the provision of additional services (home health for care) for 1 out of 6 sampled residents (Resident # 6).

Findings included:

During tour of the facility on / at 8:30 am in # observed Resident # 6 laying on his bed with dressings on both legs.

On at 10:20 am Resident # 6 stated that he had wounds on both of his legs that are hard to heal and that the nurse came every day to do the care and to change the bandages on his legs.

On at 10:05 am, Resident # 6 provided a folder from the home health agency, but there were no nursing notes inside.

A review of Resident # 6's record revealed that there was no copy of the care orders at the facility, and no care notes.

On at 12:00 pm the Administrator stated that the home health agency did not give him a copy of the orders and no nurses' notes.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on recored review and interview the facility failed to document elopement drills twice a year.

Findings included:

Record review revealed that the last elopement drill was conducted on .

On the Administrator stated at 11:35 am that he knew that they have to be done twice a year but they were behind.

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Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview the facility failed to sign the medication observation record (MOR) after administering medications for 4 out of 6 sampled residents (Resident # 1, # 3, # 4 and # 5).

Findings included:

On at 9:00 am observed Staff B after finishing assisting Residents # 1, # 3, # 4 and # 5 going to the kitchen to continue cooking lunch without signing the MOR.

On at 11:00 am the surveyor reminded the Administrator that Staff B had not signed the MOR for Residents # 1, # 3, # 4 and # 5.

On at 11:00 am the Administrator called Staff B and told her to sign the MOR and she did, 2 hours after she had finished assisting the residents with medications.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to provide documentation that staff received 1 hour in-service training within 30 days of employment that covered: reporting major incidents/reporting adverse incidents; Resident behavior and needs; and Providing assistance with the activities of daily living for 2 out of 3 sampled staff (Staff B and C).

Findings included:

Record review of Staff B revealed that she was hired on .

Record review of Staff C revealed that she was hired on .

Record review also revealed that Staff B and Staff C were missing 1 hour in-service training within 30 days of employment that covered: reporting major incidents/reporting adverse incidents; Resident behavior and needs; and Providing assistance with the activities of daily living .

On at 11:35 am the Administrator stated that he would look for the certificates.

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Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview, the facility failed to provide documentation of current liability insurance coverage, in force at all times.

Findings included:

A review of the bulletin board posted in the living room revealed that there was no liability insurance posted.

The Administrator stated on / at 9:30 am that the insurance company refused to renew the liability insurance because the license of the facility was not renewed.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to provide documentation of a satisfactory annual fire inspection.

Findings included:

Record review revealed that the last fire inspection expired on the last day of , 2016.

On the administrator stated at 9:25 am, " We are due for the fire inspection. " The Administrator was observed calling the fire inspector at 9:33 am to let them know that they need to have the inspection.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to keep a copy of the orders for nursing services (care) and failed to maintain the resident care record for one out of 6 sampled residents (Resident # 6).

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Findings included:

On 12/05/16 at 10:20 am Resident # 6 stated that he has wounds on both of his legs that are hard to heal and that the nurse comes every day to do the care and to change the bandages in his legs.

Record review of Resident # 6 revealed that there was no copy of the care orders at the facility and no care notes .

On at 12:00 pm the administrator stated that the home health agency did not give him a copy of the orders and no nurses' notes.

Class III