STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	**01/30/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY NEW HOME ALF I, INC	**7151 SW 42ND STREET MIAMI, FL 33155**

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . My New Home ALF 1 (AL 11164) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to have completed medication observation records (MORs) for 6 out of 6 (1-6) facility residents.

Findings as follow:

Medication observation records review on at 9:00 a.m. showed the records of Residents #1, #2, #3, #4, #5 and #6 were not signed after .

On at 9:00 a.m. Staff B acknowledged the MORs were not complete. Staff B stated medications were given to residents but MORs were not signed by mistake.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have evidence of negative examinations documented on an annual for 2 out of 5 (Staff A and D) sampled staff.

Findings as follow:

Record review showed the freedom from documentation available for review for Staff A was dated and Staff D was dated . The facility had no documentation of negative exams for staff.

On at 12:30 p.m. the facility owner (Staff D) acknowledged the facility failed to negative documentation on annual basis for Staff A and D.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

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Findings as follow:

Observations on . . . . . at 8:45 a.m. found Staff B at the facility working alone.

Further observations on . . . . . at 9:15 am found Staff C and Staff D arrived to the facility.

Record review showed the staffing pattern documented that Staff C was scheduled to work 7 a.m. to 7 p.m.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure that 1 out of 5 staff members (Staff E) had First Aid and training. The facility failed to ensure that staff were trained at all times.

Findings as follow:

Staff schedule review on . . . . . showed, Staff E was scheduled to work from 7 PM to 7 am.

Record review showed the facility failed to have proof that Staff E completed First Aid and training.

On . . . . . at 12:40 p.m. the facility owner acknowledged the facility failed to have training for Staff E.

Class III

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

Based on record review and interview the facility failed to have an annual satisfactory fire safety inspection.

Findings as follow:

Record review showed the facility last Fire inspection was dated . . . . . The facility failed to have an annual satisfactory fire safety inspection.

On at 12:40 p.m. the facility owner (Staff D) acknowledged the facility last inspection was on

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, adding had they called the Local authority requesting the inspection without success.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have personnel records for 1 out of 5 staff members (Staff E) containing, at a minimum, a copy of the employment application with references and documentation of training.

Findings as follow:

Staff schedule review on showed, Staff E was scheduled to work from 7 PM to 7 am.

Record review showed the facility failed to have an employment application with references and training for Staff E, available for review.

On at 12:40 p.m. the facility owner acknowledged the facility failed to have an application for employment with references and training for Staff E.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 2 out of 5 (Staff B and C) trained in working with Limited Mental Health (LMH) residents.

Findings as follow:

Record review showed the facility holds a standard license with Limited Mental Health component. The facility failed to have documentation of the Limited Mental Health training for Staff B ( ) and Staff C (hired on).

On the facility owner acknowledged the facility had no the documentation of the Limited Mental Health training for staff.

Class III

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

Based on observation and record review the facility failed to ensure that 2 out of 5 (B and E) sampled staff were registered with the facility's employee roster on the background screening's clearinghouse.

Findings as follow:

Observations on . . . . . at 8:45 a.m. found Staff B at the facility.

Record review found the facility's staffing schedule documented that Staff B worked from 7 a.m. to 7 p.m. and Staff E worked from 7 p.m. to 7 a.m.

Record review also found the facility's employee roster on the background screening's clearinghouse did not have Staff B and Staff E listed.

Unclassified