STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	R 04/20/2017

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

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

0000 - Initial Comments

A complaint (CCR #2015009558) second revisit survey was conducted on and concluded on . My Home ALF had uncorrected deficiencies identified at the time of the survey.

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

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

Findings included:

On at 8:15 am arrived to facility, Resident #4 answered the door at 8:25 am . Staff B was in the employee on the phone and did not realize the agency staff in the living 10 minutes. Observed Staff E alone in the facility with a census of five residents.

On at 8:30 AM the staff schedule for the month of was posted. Record review found the facility did not have a staff schedule for , .

On ate 9:30 am the Administrator stated, "Is still under review," that is the reason why the new staff schedule is not posted on the board.

Uncorrected Class III