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 Full Monitoring Revisit Survey was conducted on 04/03/17 and concluded on 04/20/17. My Home ALF, Inc. (License # 8570) had uncorrected deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to provide proof of current liability insurance coverage.

Findings included:

Record review found the facility did not have proof of liability insurance.

The Administrator stated on at 8:50 AM that the insurance company refused to renew the liability insurance because the license of the facility was in litigation.

Uncorrected Class III

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

Based on record review and interview, the facility failed record weights for residents who receive assistance with the activities of daily living recorded semi-annually for 2 of 6 sampled (Residents #2 and # 5).

Findings included:

Record review of Residents #2 and #5 revealed that there were no weights recorded for the residents since 2015.

The Administrator stated on at 10:35 am, "I will weigh Resident #5 now. I cannot weight Resident # 2 because he just left to the dentist."

Uncorrected Class III