

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953319	(X3) DATE SURVEY COMPLETED 04/20/2017
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)		
0000 - Initial Comments Complaint Survey (CCR#2017002497 and CCR#2017001484) was conducted on _____ and concluded on _____. My Home ALF (License #8570) had deficiencies identified at the time of the survey. 0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC Based on record review and interview the facility failed to have a face medical examination within 30 days of admission for 1 out of 5 sampled residents (Resident # 1). Findings included: Review of the admission / discharge log revealed that Resident #1 was admitted on _____. Review of Resident #1's record revealed that there was no health assessment completed. Record review revealed Resident #5 was admitted on _____, resident did not have health assessment on file. The Administrator stated on _____ at 9:00 am that the health assessment for Resident # 1 has to come from a third party and it had not been sent yet. The Administrator acknowledged Resident #5 did not have a completed health assessment. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on record review and interview, the facility failed to keep the current weekly menu posted. Findings included: Upon arrival to the facility on _____ at 8:15 am review of the bulletin board revealed that the menu that was posted was for the week of _____ to _____. The administrator changed the menu on _____ at 10:00 am. On _____ at 12:22 pm the Administrator stated, "yes, I changed it late." Class III		

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0167 - Resident Contracts - 58A-5.025 FAC Based on record review and interview, the facility failed to execute a contract between the resident and the facility at the time of the admission for 1 of 6 sampled residents (#2). The facility also failed to provide a written notice at least 30 days before any rate increase for 2 of 6 sampled residents (#4 and #5). Findings included: Review of the admission/discharge log revealed that Resident #2 lived in the facility from to and was discharged to home and he was re-admitted on . Record review revealed Resident #2's contract date had been whited out and had written over. The administrator stated on at 11:15 am, "oh, I had to do a new demographic and contract? I did not know." Review of the contract for Resident #4 revealed that the rent amount was \$959.00 monthly. The facility did not have any documentation that a rate increase addendum was given to the resident. The Administrator stated on at 11:15 am that Resident # 4 is actually paying \$1050.00. Review of the contract for Resident #5 revealed that the rent amount was \$900.00 monthly. The facility did not have any documentation that a rate increase addendum was given to the resident. On at 11:13 am the Administrator stated that Resident # 5 rent was recently increased. On at 11:14 am the administrator stated, "I did not know that the residents had to sign a rate increase form and that they had to be notify 30 days in advance. Is it good if I did it with a text message?" Class III		