STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964385	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **MY FAMILY HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **662 WEST 50 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial survey conducted on and concluded on , facility license # 9078. My Family Home with Limited Mental Health (LMH) components had the following deficiencies found at time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review, and interview the facility failed to have a Health Assessment for one of five residents sampled (#5) within 30 days of admission.

Findings included:

Observation on at 9:43 am showed Resident #5 living in # .

Record review revealed Resident #5's admission dated as . Record review revealed Resident #5's file did not have a health assessment form (Form 1823).

Interview on at 9:43 am Resident #5 stated, "There is a Doctor, but I have not seen him. I will see him soon."

Interview on at 12:55 pm Staff E stated, "The doctor will come tomorrow for a health assessment."

Class III

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

Based on record review and interview the facility failed to provide evidence of a negative ( ) examination on an annual basis for one of five sampled staff (A).

Findings included:

Record review of Staff A's file revealed that the last statement was dated . The facility failed to provide evidence of an update negative examination on an annual basis for Staff A.

Interview on at 12:31 pm Staff E stated, "The administrator had his done, but I need to pick it up."

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Class III

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

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

Findings included:

Observation on . . . at 9:18 am revealed that the facility had a schedule pattern posted on board.

Review of the facility staffing pattern revealed that was dated on . . . 2017. In addition, there was a schedule behind, which stated , but it was empty (there was no information on it).

Interview at 11:20 am Staff E stated, "I will do an update staffing pattern right now."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to ensure sufficient supply of drinking water in an emergency.

Findings included:

Observation during tour on . . . at 9:00 am revealed the facility had a census of five residents. Further observations on at 9:11 am revealed that the facility have six plastic gallons on a rack in the kitchen area. However, only one gallon was full of drinking water as a 3-day supply.

Interview on . . . at 12:54 pm Staff E stated, "I have a contract with a company, and they bring it every month."

Class III

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

Based on record review and interview the facility failed to provide an approved Emergency Management Plan.

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Findings included:

Review of the Emergency Management Plan revealed it was approved on . The facility failed to provide an up-to-date Emergency Management Plan.

Interview on at 11:34 am Staff E stated, "I have a little problem doing the Emergency Management Plan, and I know that it needs to be update, I am still in the process, and I will send the payment and the package soon."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to report an initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident for one of five residents sampled (#1).

Findings included:

Review of Resident #1's progress notes stated, , Resident was noted with on finger on the left hand he was sent to hospital. He was sent back on the same day ( ) with a , on finger.

Discharge hospital records stated, "On Resident #1 have a dislocated finger joint."

Record review revealed Resident #1's file did not have one day initial and full adverse incident report within 15 days of the incident.

Interview at 10:23 am Staff E stated, "I have no incident report." Further interview at 12:04 pm Staff E stated, "Resident #1 went to the hospital because he slipped and dislocated a finger, he came back the same day. I did not report to AHCA because I did not know that I have to do it for a dislocated finger."

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that one of six sampled staff (D) have completed background-screening level 2.

Findings included:

Observation on . . . at 11:37 am revealed that Staff D was on schedule to work in the facility.

Record review of Staff D's file revealed that she did not have a copy of the background screening in file.

Interview on . . . at 11:11 am Staff E stated, "Staff D's background screening is not in her file, but I have it in the other facility.

Unclassified

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 within the clearinghouse.

Findings included:

Record review revealed Staff E was scheduled to work at the facility. However, Staff D was not listed on the schedule.

Review of the background's clearinghouse revealed that the facility's employee roster did not have Staff E listed; however, it had Staff D listed.

Interview on . . . at 11:11 am Staff E stated, "That staff (D) is not working here since . . . , I have to remove her name from the clearinghouse roster, and I will do it right now." In addition, Staff E stated, "I will add my name as it is on the staffing pattern."

Unclassified