STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964385	R **08/31/2017**
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 Revisit survey was conducted on 08/31/17. My Family Home (license # 9078) with Limited Mental Health (LMH) component had the following deficiency found at time of the survey:

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:

Observations on at 10:20 AM found Staff C was working alone caring for a census of five residents.

Review of the staffing pattern on revealed Staff C scheduled from 9:00 AM to 6:00 PM and Staff B scheduled from 7:00 AM to 7:00 PM.

On at 10:30 AM Staff C stated, "Staff B had to leave because she had a personal emergency, that is why I am working by myself."

Uncorrected Class III