STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	R 11/17/2017
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 . My Home ALF 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 completed health assessment within 30 days of admission for 1 of 6 sampled residents (Resident #1).

Findings included:

Record review revealed Resident #1 was admitted to the facility on . Review of Resident #1's record revealed the facility did not have a health assessment completed.

On at 1:35 PM the Administrator confirmed the facility did not have a health assessment for Resident #1.

Uncorrected Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

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:

Facility tour on at 12:09 PM found the menu posted was dated - .

The Administrator confirmed on 11/ at 12:09 PM the menu posted was not current.

Uncorrected Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed monthly rate documented on the residency for 1 of 6 sampled residents (#5).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	R **11/17/2017**
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)

Findings included:

Record review revealed Resident #5's contact dated . . . did not have a monthly rate documented.

On . . . . at 1:35 PM the Administrator confirmed the facility did not have a monthly rate written for Resident #5.

Uncorrected Class III