STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HOME SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **73 EAST 47 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/ and concluded on . New Home Senior Care, Inc. (License #9717) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to have a completed health assessment for 1 out of 6 sampled residents (Resident #6).

Findings included:

Review of Resident #6's record showed the Health Assessment dated did not have any indication of what kind of assistance the resident needed with his medications or diet order (form left blank).

During an interview on at 2:30 P.M., the Administrator acknowledged deficiencies found during survey. She reviewed Resident #6's health assessment and recognized that it did not indicate what type of assistance the resident needed with her medication or a diet order.

Class III