

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967061	(X3) DATE SURVEY COMPLETED R 09/24/2018
NAME OF PROVIDER OR SUPPLIER MY NEW HOME ALF I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7151 SW 42ND STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Revisit Survey (CCR #2018006704) was conducted on 09/20/2018 and concluded on 09/24/2018. New Home ALF I, Inc. (License #11164) with a Limited Mental Health service component had deficiencies identified at the time of the survey: 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview, the facility failed to have a satisfactory fire inspection. Findings included: Review of facility's records showed that there was not current fire satisfactory inspection to review during the survey. The last fire inspection was dated . Interview conducted on . at 1:00 PM, the Owner stated that the facility had a current fire inspection but she did not provide it during the survey. Class III 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on record review and interview, the facility failed to have a written record for one out of ten (Residents #2) sampled residents who . at the facility, was transferred to the hospital and had surgery to due the injuries. Findings included: Review of Resident #2's record documented she was admitted to the facility on . Resident #2 had a diagnosed of . major ., and . The Health Assessment dated . indicated the resident needed assistance with the activities of daily living. Hospital records received on . revealed Resident #2 was admitted on . And stated the patient had a slip and . at an ALF this morning. Patient stated she slipped and hurt her left shoulder, ribs and hit the back of her head. The record documented the patient was diagnosed with arm pain ., closed head injury without loss of . and left . The patient had a		

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surgery and returned to the facility on Interview conducted on at 10:15 AM Resident #2 stated that she . . . when she got out of her bed a few days ago and was transferred to the hospital. I had a surgery in my left arm. Interview conducted on at 11:39 AM, Owner stated "Resident #2 was with her granddaughter when she . . . in the street. Her granddaughter took her to the hospital. The facility is not responsible for the incident." Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview, the facility failed to be under the supervision of an administrator who is responsible for the operation and maintenance of the facility. The facility failed to provide proof that the facility's administrator passed the competency test upon completion of the CORE training. Findings included: Record review for Staff A, Administrator showed that he took the CORE training on , but did not have proof of passing the competency test. Staff A, administrator was hired on Facility visit on from 9:45 AM showed that Staff E was in charge of the facility. The clearinghouse roster database showed Staff F listed as Administrator, hired on Staff A, listed as Administrator was hired on and ended on There was no documentation that the owner notified the Agency of a change in administrator. Interview conducted on at 1:20 PM, Owner stated that she send a change of administrator form to the agency and she did not know why the system was not updated. She was unable to provide the documentation during the survey. The licensure unit confirmed they had not received a change of administrator form from the facility. Class III Uncorrected Deficiency		

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0083 - Training - First Aid and ... - 58A-5.0191(4) FAC Based on record review and interview, the facility failed to have an employee with First Aid and training in the facility at all times with the residents (Staff E). Findings included: Arrived to the facility on ... at 9:45 AM found Staff E in the facility with a census of six residents. Personnel record review of Staff E's file showed that her ... and First Aid training expired on ... Interview conducted on ... at 1:30 PM, the Owner confirmed that Staff E's ... and First Aid training was expired. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview, the facility failed to provide an additional 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of five (Staff E) sampled staff. Findings included: Staff record review showed Staff E had no documentation that she received an additional 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff E was hired on ..., the last medication training was dated ... Interview conducted on ... at 1:40 PM, the Owner confirmed that Staff E did not receive the additional 2 hours of continuing education training. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC		

AHCA Form 5000-3547
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required assistance the activities of daily living. Progress notes document that the resident went to a doctor appointment and did not return on Police was contacted. Interview conducted on at 1:20 PM, the Owner confirmed that the facility did not file any adverse incident reports to the Agency. Class III Uncorrected Deficiency		