STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	R 11/27/2018
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 (CCR #2018006704) second revisit survey was conducted on . New Home ALF I, Inc. (License #11164) with a Limited Mental Health service component had deficiencies identified at the time of the survey:

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observations, record review, and interview the facility's personnel records did not evidence of First Aid and training for one out of four (Staff C) sampled staff who was left alone in the facility with the residents.

Findings included:

Arrived to the facility on at 6:55 AM found Staff C alone with the residents.

Record review revealed Staff C (hired date) did have the First Aid and Training.

On at 11:30 AM during the interview with the Administrator, she stated that she thought that she had 30 days for the employees to have done the training.

Uncorrected Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review and interview, the facility failed to ensure that three out of four sampled staff had the 2/hours continuing education training for assistance with self-administration of medications (Staff A, B, and C).

Findings included:

Employee record review revealed Staff A (hired dated), completed an initial 4/hours of training on assistance with self-administration of medication on . Staff B (hired dated), completed an initial 4/hours of training on assistance with self-administration of medication on . Staff C (hired dated), completed an initial 4/hours of training on assistance with self-administration of medication on . There was no documentation of the two addition required two hours of training.

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 12:30 PM the owner/administrator stated that she was aware that the training was missing and that she was going to do it before she will receive the correction letter.

Uncorrected Class III