

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967061	(X3) DATE SURVEY COMPLETED 12/17/2018
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 standard biennial survey was conducted on 11/27/18 and concluded on _____ at My New Home ALF I with Limited Mental Health component. Deficient practice was identified during the survey. 0052 - Medication - Assistance with Self-Admin - 429.256() ; 58A-5.0185 (3) Based on observation and interview the facility failed to follow the correct procedure as outlined in section 429.456 of Florida Statutes, when assisting 1 out of 4 sampled residents with self-administration of medications (Resident #1). Findings included: On _____ at 7:20 AM medication pass observation found unlocked Staff C placed the medication in a small cup on the table, left the medication on the table and went to look for the resident in his room. Resident #1 came out of his room, Staff C stated, "your medication is on the table," and went to the kitchen to get the glass of water. On _____ at 7:25 AM Staff C stated, "I got very nervous because you are here, that is the reason why I did it wrong, but you will see with the others I will do it better." Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 429.52() ,58A-5.019(1) FAC Based on record review and interview the facility assistant administrator failed to have evidence of completing CORE training with in three months. Findings included: During record review showed that the assistant administrator did not have proof that he had taken the 26/hours CORE training or successfully passed the exam. On _____ at 11:00 AM the Administrator stated that she did the course but she has not pass the test, she has schedule the test for next month. No proof was provided Class III		

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0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC Based on record review and interview the facility failed to demonstrate financial stability. The facility failed to ensure that bank accounts were not delinquent with overdraft charges. Findings include: On 12/17/2018 at 11:00 on a phone interview with the administrator she stated that she was going to fax the bank statements of the facility account for the last three months, 12/17/2018, 12/18/2018, and 12/19/2018. On 12/17/2018 at 4:40 PM the bank statement for the last two months were received only, 12/17/2018 and 12/18/2018. It was rectified that the facility has the beginning and the ending balance for both month were positive but during the months there were some overdraft charges. Record review showed that the facility is not financial sound. Class III L243 - LMH - Training - 429.075(1) FS: 58A-5.0191(9) FAC Based on record review and interview the facility failed to ensure that staff received the initial limited mental health training within 6 months of being hired for one out of four sampled staff (D). Findings included: Personnel record review revealed Staff D was hired on 12/17/2018 and she did not have the initial training in limited mental health. On 12/17/2018 at 12:30 PM the Administrator stated that she overlooked the training that this staff needed to have done. Class III		