STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	R **04/08/2019**
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 third revisit to a biennial survey was conducted at My New Home ALF I, Inc on . . . . . . Deficiencies were identified at the time of the survey.

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 receive an initial limited mental health training within 6 months of being hired for one out of seven sampled staff (E).

Findings included:

Personnel record review revealed Staff E was hired on . . . . and she did not have the initial training in limited mental health.

On at 10:00 AM owner stated that she had schedule the staff member to take the course for the following week thus the reason she did not have it.

Uncorrected Class III

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Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on record review and interview the facility failed to demonstrate financial stability.

Findings include:

The owner provided two months of the bank statements, [redacted], and [redacted], (2019).

On [redacted] at 8:20 AM the owner stated that she was going to call the accountant to have faxed the bank statement of [redacted] by the end of business day today.

On [redacted] at 5:09 PM an e-mailed with the bank statement for the month of [redacted] was received. It was rectified that the facility has the beginning and the ending balance for this last month were negative but during the month there were some overdraft charges.

Unclassified