STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	**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 Complaint Investigation (#2019003109) was conducted at My New Home ALF I, Inc. on . Deficiencies were found at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that two out of five sampled residents (#2 and 4) had documentation of a Power of Attorney (POA), Surrogate or Guardianship.

Findings included:

Record review found Resident #2's son signed the admission documents. Resident #4's daughter signed the admission documents. The facility did not have proof of a POA, Surrogate, or Guardianship for Residents #2 and #3.

On at 10:45 AM the owner stated that when the the residents were admitted, the son and daughter signed the documents and she did not think that they needed POA.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to have an executed contract by the resident or the legal representative before or at the time of admission for one out of five sampled residents (#1).

Findings included:

Review of Resident #1 record revealed the contract was not signed by Resident #1's or his legal representative.

On at 10:00 AM the owner stated, "The son has been telling me that he was coming to sign the contract but up to now he has not come."

Class III