Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967134	A. BUILDING: _____ B. WING _____	01/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMITA'S HOME HEALTH, INC	2700 CONWAY GARDENS ROAD ORLANDO, FL 32806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed to maintain the eligibility screening results in the employee's (B) personnel file, maintained by the provider, for 1 of 2 personnel records. Findings: Personnel record review for staff B revealed she was a caregiver and was hired . Continued review revealed that the results of her background screening results dated , greater than 5 years. On at 1:20 PM the agency BGS indicated staff B was eligible as of . The administrator confirmed the findings on at 11 AM and added he had looked at the report but did not print it. Unclassified	CZ813		
A 000	Initial Comments An abbreviated re-licensure survey was conducted at Carmita's Home Health , Inc on . A deficiency was identified at the time of survey.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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