

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OR SUPPLIER ADAM F/F INC		STREET ADDRESS, CITY, STATE, ZIP CODE 34 W 14TH STREET HIALEAH, FL 33010		
(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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for six out of six sampled staff (Staff A, B, C, D, E and F). Findings included:	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADAM F/F INC

**34 W 14TH STREET
HIALEAH, FL 33010**

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CZ814	Continued From page 1 Background screening database search revealed that Staff A was hired Background screening database search revealed that Staff B was hired on Background screening database search revealed that Staff D was hired on Background screening database search revealed that Staff F was hired Background screening database search revealed that Staff A, C and Staff E were not listed. Review of the facility's roster in the background screening clearing house on revealed that Staff A, B, C, D, E, and F were not listed as active employees on the employee roster. On at 8:45AM, Staff B was observed providing care for a census of 20 residents inside of the facility during the time of the survey and Staff E was observed inside of the facility kitchen. During an interview on at 2:00PM the administrator acknowledged Staff A, B, C, D, E, and F were not on the employee roster. Unclassified	CZ814		