

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969663	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/14/2021
NAME OF PROVIDER OR SUPPLIER TU HOGAR ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8810 SW 21ST TERR MIAMI, FL 33165		
(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	
A 000	Initial Comments A change of ownership with Limited Mental Health Expansion, and a COVID-19 monitoring survey was conducted at Tu Hogar ALF, LLC. 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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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(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 obtain a new background screening for one of three sampled staff (Staff B). Staff B had a break in service of more than 90 days from a position that requires screening. Findings included:	CZ814			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TU HOGAR ALF LLC

**8810 SW 21ST TERR
MIAMI, FL 33165**

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CZ814	Continued From page 1 Review of the facility's background screening clearinghouse showed Staff B was hired at another facility on _____, and end date _____. Review of employee record for Staff B showed hired date of _____. Review of the background screening clearinghouse showed Staff B had more than 90 days break in service. On _____ at 2:00 PM, Staff B stated, "I stopped working after I worked at the last facility, it was three or four months ago." On _____ at 2:00 PM, the administrator stated, "I would take care of it right away." Unclassified	CZ814		