

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/06/2022
NAME OF PROVIDER OR SUPPLIER YESENIA ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 15608 SW 63 TERRACE MIAMI, FL 33193			
(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 re-licensure survey, with a complaint investigation (complaint number 2022011245) was conducted at Yesenia ALF, Inc. on 09/06/2022. A deficiency was identified at the time of the survey.	A 000			
A 082 SS=D	59A-36.011(4) FAC Training - / (4) Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed (/) training for one of three sampled staff (Staff B). Findings included: Review of Staff B's record showed the staff was hired on . There was no documentation staff completed the / training on file. On at 1:40 PM, regarding the Staff B / training, the Administrator stated, "I am contacting the consultant right now, she must have it."	A 082			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 082	Continued From page 1 Class III	A 082			