STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965541	03/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A & L HEALTHCARE CORP	11764 NW 30TH STREET CORAL SPRINGS, FL 33065	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey (CCR#2014012050) was conducted on and A & L Healthcare Corp., had deficiencies found at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain a current written work schedule to reflect its 24-hour staffing pattern for a given time period.

The findings Include:

In observations conducted on from 10 :30 AM - 11:00 AM, Staff D was the only staff present at the facility. During an interview conducted on at 10:30 AM with Staff D, she stated that she has been working at the facility for 1 week and works the 7AM-7 PM shift.

During an interview with the Administrator on at 11 AM (upon her arrival to the facility), the facility's current staffing schedule was requested. The Administrator provided a document titled "Staffing Pattern". A review of the facility's " Staffing Pattern" provided by the Administrator, as the current 24 hour staffing pattern, revealed a date of

Further review of the schedule revealed it was not for the current month of and did not reflect the staffing pattern for the current week of 2015. It was noted that Staff E was on the schedule to work Tuesday (7 AM-7 PM). Staff A was on the schedule to work Tuesday (7 PM- 7 AM). The Administrator was on the schedule to work (7 AM- 7 PM) on day of the survey; Administrator didn't arrive to the facility until 11 AM. Staff D was not listed on the schedule provided by the Administrator.

During an interview conducted with the Administrator on at 11:00 AM, she stated that Staff E no longer works at the facility since last week, and she acknowledged the findings.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation and interview, the facility failed to maintain a personnel record, for 1 out of 4 (Staff D) current staff members.

The findings include:

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0161 Continued From page 1

Upon arrival to the facility on at 10:30 AM, surveyor was greeted by Staff D who identified herself as the only staff member present at the facility with 5 residents. In an interview conducted on at 10:30 AM with Staff D, she states that she assists the residents , she has been working at the facility for 1 week, and confirmed that she is the only staff present in the facility. In observations conducted on at approximately 10:30- 10:50 AM Staff D was observed walking throughout the facility, including resident and assisting residents in transfers. The residents were not in their at the time.

In an interview conducted on at 10:45 AM with the Administrator, she stated that Staff D, has been at the facility since last week. She confirmed she does not have a personnel file for Staff D to review, and does not have a Level 2 background screening . Therefore, the facility was unable to provide the following information for Staff D: a copy of an employment application with references, documentation of any training completed regarding current job duties and Level 2 background screening .

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observations and interview the facility failed to ensure that a Level II Background Screening was obtained as required in 1 of 4 staff (staff D) records reviewed prior to direct contact with persons.

The findings include:

Upon arrival to the facility on at 10:30 AM, surveyor was greeted by Staff D who identified herself as the only staff member present at the facility with 5 residents. In an interview conducted on at 10:30 AM with Staff D, she states that she assists the residents , she has been working at the facility for 1 week, and confirmed that she is the only staff present in the facility. In observations conducted on at approximately 10:30- 10:50 AM Staff D was observed walking throughout the facility, including resident and assisting residents in transfers. The residents were not in their at the time.

In an interview conducted on at 10:45 AM with the Administrator, she stated that Staff D, has been at the facility since last week. She confirmed she does not have a personnel file for Staff D to review, and does not have a Level 2 background screening . Therefore, the facility was unable to provide the following information for Staff D: a copy of an employment application with references, documentation of any training completed regarding current job duties and Level 2 background screening .

A review of the the AHCA Background Screening Database was searched on . Staff D was not found. The AHCA Background Screening was contacted by telephone on and they confirmed that there is no background screening for Staff D.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

7, 2015

Administrator
A & L Healthcare Corp
11764 NW 30th Street
Coral Springs, FL 33065

RE: CCR #2014012050

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted March 18, 2015 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review **/2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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