AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965827	02/02/2016
NAME OF PROVIDER OR SUPPLIER **ALF SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10844 SW 154 TERRACE MIAMI, FL 33157**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . ALF Sevilla Home Care Corp. with Limited Mental Health component had the following deficiencies found at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each facility, the Administrator supervised two facilities.

Findings included:

On at 11:00 AM record review revealed the facility did not have an appointed Manager for each facility the Administrator supervised. The Administrator supervised two facilities.

On at 1:00 PM during an interview the Administrator stated that he was aware about this regulation but he was going to try and take care of this as soon as possible.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility's personnel records did not have current documentation verifying proof of freedom from communicable including for one out of three (Staff C) sampled staff.

Findings included:

On at 11:00 AM employee record review revealed sampled Staff C, hired on / / , did not have documentation verifying proof of freedom from communicable including .

On at 1:00 PM during an interview the Administrator stated that he knew about this and he was going to make sure that the caregiver have it done this week.

Class III

0083 Training - First Aid and

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

Based on record review and interview the facility's personnel records did not include evidence of First Aid and training for one out of three (Staff C) sampled staff.

Findings included:

On at 11:00 AM record review revealed Staff C (hired / /) did not have First Aid and Training.

On at 1:00 PM during an interview the Administrator stated that he knew about this training, he scheduled the caregiver for the training on this month.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to ensure that one out of three (Staff C) sampled staff members had a completed level 2 background screening prior to providing care to residents.

Findings included:

On at 10:30 Staff C stated "I have been working in this place for a few months."

On at 11:00 AM employee record review revealed Staff C, caregiver (hired / /), did not have a level 2 background screening.

On / at 1:00 PM during an interview the Administrator stated that he was going to take care of this as soon as possible.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alf Sevilla Home Care Corp
10844 Sw 154 Terrace
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 by representative(s) of 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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