STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965870	R 03/04/2016
NAME OF PROVIDER OR SUPPLIER **1 ZOURCE LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 NE 176 STREET** **MIAMI, FL 33162**	

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

0000 Initial Comments

A complaint revisit survey (CCR #2015012314) was conducted on at 1 Zource Living Care with a Limited Mental Health component. The following deficiency was found at the time of the survey:

Z814 Background Screening Clearinghouse

Based on record review and interview facility failed to have a current Employee Roster for all current employees with their Level II Background Screenings on file at the time of the revisit survey.

Findings included:

Record review revealed facility failed to have all current employees listed in the AHCA Background Screening Database Clearinghouse at the time of the survey.

on at 11:45 AM, the Administrator acknowledged that the employees all have a employee Level II background screening, but that he had not updated the Clearinghouse Roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
1 Zource Living Care
1401 Ne 176 Street
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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