STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910988	R
NAME OF PROVIDER OR SUPPLIER **APOSTALADO HOME #3, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13510 SW 79 STREET** **MIAMI, FL 33183**	

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

0000 Initial Comments

A standard biennial revisit survey was conducted on , 2016. Apostolado Home #3, Inc. had the following deficiencies identified at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility failed to maintain proof of a minimum a high school diploma or G.E.D. in Manager's personnel record.

Findings included:

Review of Manager's personnel file revealed that Manager's high school diploma or G.E.D. was not in the Manager's personnel file.

In an interview on / at 11:50 AM the Manager revealed that high school diploma was not at the facility at the time of the survey.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview, the Assisted Living Facility failed to maintain the eligibility results of employee screening in the Manager's personnel file.

Findings included:

Review of Manager's personnel file revealed that the eligibility result of Manager's screening was not in the employee's personnel file; it was not maintained by the provider.

AHCA (Agency for Health Care Administration) background screening website revealed that Manager ' s background screening result was eligible dated .
In an interview on at 12:30 PM the Administrator revealed that facility has not printed out Manager's screening results but they knew that Manager was eligible.

Unclassified

Z814 Background Screening Clearinghouse

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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APOSTALADO HOME #3, INC	**13510 SW 79 STREET MIAMI, FL 33183**	

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

Based on record review and interview, the Assisted Living Facility failed to maintain a current employee roster on file with the AHCA Background Screening Database/Clearinghouse.

Findings included:

Review of provider account information on Background Screening Clearinghouse revealed that facility has not registered none of its employees. Employee roster was empty.

In an interview on at 11:45 AM the Administrator revealed that she will create the roster and keepit updated.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Apostalado Home #3, Inc
13510 Sw 79 Street
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on
8, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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