STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	05/12/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 Initial Comments

An unannounced Extended Congregated Care (ECC) monitoring survey was conducted on at South Oaks, ALF. The facility had deficiencies found at the time of the visit.

0161 Records - Staff

Based on observation, interview and record review, the facility failed to maintain personnel records including documentation of the background screening eligibility and employment application, for 1 of 3 employees,(Employee C).

The findings include:

In an observation on at 9:45 AM of the facility staffing schedule for 2016, the schedule indicated that Employee C was scheduled to work 4-5 days a week, from 6 AM until 10 AM.

In an interview with Employee #B on at 9:50 AM, she stated that Employee C worked in the morning,from 6 AM until 10 AM, several days a week. She stated that Employee #C provided care services to the residents, including assisting them with bathing and dressing.

Review of Employee C's employment file on indicated no documentation of required employment application with references and no documentation of verification of back ground screening results from the AHCA Background Screening unit.

In an interview with the Administrator on at 12:00 PM, he stated that he had not maintained a personnel record with employment application and results of required background screening for Employee C because he had considered the employee part time status and she was employed by another health care provider. He stated that Employee # provided care to the residents in the facility.

Class III

Z814 Background Screening Clearinghouse

Based on observation, interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the background screening (BGS) clearinghouse.

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

The findings include:
A record review of the employee roster for the facility on the Agency for Health Care Administration Care (AHCA) Provider Background Screening Clearinghouse website was conducted on / at 9:00 AM. Review of this website revealed the facility had no employees listed on the roster.
Review of the facility staffing schedule for 2016 indicated that there are 4 care staff scheduled to work at the facility, the facility owner/ Administrator, Caregiver A,Caregiver B and Caregiver C.
In an interview with the Administrator on at 12:00 PM, he stated that Caregivers A , B and C are considered employees of the facility. He stated that he had not maintained the employee roster list on the background screening clearinghouse as required.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Oaks Assisted Living Home, LLC
6141 SW 34th Street
Miramar, FL 33023

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida