STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	R
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Revisit Survey was conducted on 5/27/16.Capricorn Retirement Home, Inc. (License # 7892) with Limited Mental Health (LMH) component, had un-corrected deficiencies at the time of survey:

0080 Training - Core & Competency Test

Based on record review and interview, the facility's Administrator failed to successfully completed the assisted living facility core training test requirement within three month from the date of become facility administrator.
Findings included:
Record review on revealed that facility Administrator (hired on) did not have documentation that he passed the core training exam for review. There was not any documentation showing if the Administrator has taken another test for the Core examination.
On at 10:30 AM, the Staff C stated that she did not know if the administrator had passed the Core training test.
Uncorrected Class III

Z814 Background Screening Clearinghouse

Based on observation, interview and record review, the facility failed to maintain an updated employee roster within the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse at the time of the revisit survey.
Findings included:
A review of the AHCA Background Screening Clearinghouse database showed that there was not a completed employee roster listing Staff (A) (hired on); Staff (B) (hired on /); Staff (C) (hired on) and Staff (D) (manager) hired on / /
On at 8:45 AM, Staff (C), confirmed that the employee roster had not been completed for the facility. The Administrator has not completed it yet.
Un-Corrected, Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to maintain documentation of eligible Level II background screening results for one out of six (Staff B-Administrator) sampled staff.
Findings included:
A review of the personnel record showed Staff (B) hired on / did not have background screening results. A review of the Agency for Health Care Administration (AHCA) Background Screening database

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showed that Staff (B's) results were listed as, " Awaiting Privacy Policy." The Level II Background Screening data base has been rechecked again and employee (B's) results for (eligibility) were not posted in the system at the time of the revisit survey.
During an interview on at 11:00 AM at the exit interview, Staff C acknowledged there were no documentation of a background screening result was in the file.
Un-Corrected, Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Capricorn Retirement Home Inc
13720 Nw 1 Avenue
Miami, FL 33168

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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