RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Alf Villa Francisco Home Care Corp
16832 Sw 110 Court
Miami, FL 33157

Dear Administrator:

This letter reports the findings of an abbreviated state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966809	10/13/2016
NAME OF PROVIDER OR SUPPLIER ALF VILLA FRANCISCO HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 16832 SW 110 COURT MIAMI, FL 33157	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on - at ALF Villa Francisco (facility #11966809) had the following deficiencies at the time of the survey:

0078 Staffing Standards - Staff

Based on record review facility failed to have current negative test ( ) results for one out of four sampled employees (D).

Findings included:

Record review revealed that employee (D) started working at the facility on and her last ( ) results were last read on - .

Interviewed Administrator on at 4:00 PM, she confirmed that employee (D) needed a new test as soon as possible.

Class III

L242 LMH - Responsibilities of Facility

Based on record review and interview facility failed to have have a Agreement, Mental Health Assessment and Community Living Support Plan for one out of five sampled Residents (#3) .

Findings included:

Record review revealed that Resident (#3) was admitted on - . Further review showed that there was no documentation of the for , Agreement, Mental Health Assessment and Community Living Support Plan. Resident received (54.00) monthly.

Interviewed Administrator on at 4:00 PM, who confirmed the findings.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to register one of four sampled employees

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966809	**10/13/2016**
NAME OF PROVIDER OR SUPPLIER **ALF VILLA FRANCISCO HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **16832 SW 110 COURT** **MIAMI, FL 33157**	

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

(Staff D) on the site's Background Screening Clearinghouse Employee Roster.

Findings included:

Record review revealed that employee (D) started working at the facility on . Employee (D's) background screening results were dated - and stated Eligible status. Employee (D's) name was not on the facility's Clearinghouse Roster .

Interviewed on at 4:00 PM, the Administrator confirmed that employee (D's) name was not on the Clearinghouse Roster.

Unclassified