RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Estevez Home Care Corp
3900 Sw 122 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 16, 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 , 2017.**

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

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	11/16/2016
NAME OF PROVIDER OR SUPPLIER **ESTEVEZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3900 SW 122 AVENUE** **MIAMI, FL 33175**	

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

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed maintain a current staff roster on the background screening clearinghouse database. The employment status of Staff D, Staff E and Staff F was not accurately recorded.

Finding included:

A review of the background screening clearinghouse database roster for the facility showed one staff member(D) who had been hired on / as caregiver had not been added to the database. The roster also showed that the facility had not removed two staff (E and F) that were separated from the facility at the beginning of , 2016.

On / / at 1:00 PM during the exit interview with the administrator and the owner, the deficiency was explained and they stated that they knew that these employees needed to be removed but they forgot to do it and they were going to add the new employee as soon as possible.

Unclassified