RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Alf Sevilla Home Care Corp
10844 Sw 154 Terrace
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a **third** State Licensure Revisit Survey conducted on 6, 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,

Field Office Manager
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
	AL11965827	R 12/06/2016
NAME OF PROVIDER OR SUPPLIER **ALF SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10844 SW 154 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Survey 3rd revisit was conducted on , ALF Sevilla Home Care Corp. (License Number: 10152) with Limited Mental Health component had the following deficiencies found at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview the facility failed to have an accurate Staffing schedule which included the minimum staffing to provide resident supervision and to meet residents' needs.

Findings included:

On / at 8:00 AM was observed Staff E, caregiver, in facility, alone,with a Census of 6 residents.

On at 8:30 AM during record review of the Staffing schedule showed Staff A was scheduled to work from 8:00 AM to 8:00 PM.

On at 9:55 1:00 PM during an interview with the administrator, he stated that he had to do some personal things that is the reason why he asked staff E to come to the facility and cover for him for a few hours.

Class II

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure that staff was registered and/or removed on the facility's roster in the background screening clearinghouse's database. (Staff E)

Finding included:

A review of the facility's roster in the background screening clearinghouse's database showed one staff member(E) who had been hired on an unknown date as the caregiver had not been added to the database.

On at 1:00 PM during the exit interview with the Administrator, he stated that he had not put this staff on the roster because she came to help him only for the day.

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Unclassified