STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **SARA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29100 SW 172 AVENUE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint (CCR #2016012273) survey was conducted on 20, 2016. Sara Home Care with a Limited mental Health component, License # 10336 had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview, the Assisted Living Facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status reported within 10 business days.

Findings included:

Observation on at 8 AM revealed that Caregiver A and Caregiver C were caring for a census of 12 residents in the facility at the time of the survey.

Review of Administrator's personnel record revealed that hire date was
Review of Owner's personnel record revealed that hire date was
Review of Caregiver A's personnel record revealed that hire date was
Review of Caregiver B's personnel record revealed that hire date was
Review of Caregiver C's personnel record revealed that hire date was

Review of background screening for providers revealed that facility's employee roster did not have any employees listed.

In an interview on at 11:56 AM the Owner revealed that facility will add employees to the facility's background screening employee roster.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the Assisted Living Facility failed to ensure that caregivers have completed background screening level 2 for two (Caregiver A and B) out of five sampled staff.

Findings included:

Review of Caregiver A's personnel file revealed that background screening result in file at the time of the survey was eligible on
Review of Caregiver B's personnel file revealed that background screening result in file at the time of the survey was eligible on

An interview on at 10:59 AM the Caregiver A revealed that Caregiver A and Caregiver B did not

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have the new background screening done. An interview on 12/20/16 at 11:20 AM the Caregiver A revealed that Caregiver A assisted residents with activities of daily living.

An interview on 12/20/16 at 11:21 AM the Caregiver B revealed that Caregiver B assisted residents with activities of daily living.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030
RE: CCR #2016012273

Dear Administrator:

This letter reports the findings of a Complaint 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 , 2017.** 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
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

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