STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964978	**02/06/2017**
NAME OF PROVIDER OR SUPPLIER **HUMBLE CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **14651 SW 161 STREET** **MIAMI, FL 33177**	

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

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 employee roster in the Background Screening Clearinghouse. (Staff A and Staff B)

Finding included:

A review of of the facility's employee roster in the Background Screening Clearinghouse showed two staff members Staff A who had been hired as Administrator and staff B who had been as caregiver had not been registered to the clearing house database.

On at 11:45 AM during interview, the Administrator stated that she was going to get in the system and try to add this information so it would be on the clearinghouse roster.

Unclassified

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0000 - Initial Comments

A Standard Biennial Survey was conducted on . Humble Care ALF with a Standard License #9482 had the following deficiencies found at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that one of three sampled residents met the admission criteria (#1).

Findings included:

On at 8:40 AM, observed when medication was given to Resident #1 that the resident could take her own medication with no problems, and also when breakfast was served, the resident could eat without any help.

On at 10:20 AM during record review of Resident #1's file revealed that Resident #1's admission date was and was admitted under hospice services.

On at 11:00 AM during an interview, the Administrator stated that she was just waiting for the doctor to come and do the health assessment for Resident #1, and she did not really know the reason why resident was under Hospice care because she could do most things by herself.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on observation, record review and interview the assisted living facility failed to have documented third party services for Resident #1.

Findings included:

On at 8:40 AM during observation when medication was given to resident was observed that resident could take her own medication with no problems, and also when breakfast was served, resident could eat by herself without any help.

On at 10:20 AM during record review' s AHCA ' s Form 1823 (health assessment) was not on file because resident had been admitted only a few days ago. The Hospice provider file was request also to see the reason why she was in Hospice, and facility could not provide that information either.

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

On [redacted] at 11:45 AM during interview, the Administrator stated that she was waiting for the doctor to come to the facility and explain to her the reason why resident was in Hospice and to give her the new health assessment.

Class III