

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911409	(X3) DATE SURVEY COMPLETED 03/07/2017
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 31 STREET HIALEAH, FL 33013	
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 Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status reported within 10 business days. Findings included: Review Background screening website for providers showed that Caregiver A was not in the facility's employee roster. Review of Caregiver A's personnel file revealed that hire date was , staff's last screening was dated An interview on at 10:43 AM the Administrator revealed that Caregiver A worked in the facility for almost 5 years. Unclassified		