

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966416	(X3) DATE SURVEY COMPLETED 03/17/2017
NAME OF PROVIDER OR SUPPLIER REBECCA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6711 NW 46TH COURT LAUDERHILL, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial re-licensure survey was conducted on _____ at Rebecca's House, License #10610. The facility had a deficiency at the time of the visit. Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview the facility failed to update the AHCA (Agency for Healthcare Administration) Background Screening Clearinghouse Employee Roster for 4 out of 4 (Staff A, Staff B, Staff C and Staff D) current facility sampled employees reviewed. The findings included: On _____, a review of the electronic AHCA Background Screening Clearinghouse website revealed Staff A, Staff B, Staff C and Staff D were not listed on the facility's employee background screening roster. Review of the 4 employee records revealed, Staff A was hired by the facility on _____; Staff B was hired by the facility on _____; Staff C was hired by the facility on _____; and Staff D was hired by the facility on _____. On _____ at 2:15 PM, an interview with the Administrator was conducted and she was informed of the findings of the Background Screening Clearinghouse Employee Roster. The findings were confirmed and acknowledged. Unclassified		