

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968471	(X3) DATE SURVEY COMPLETED 04/06/2017
NAME OF PROVIDER OR SUPPLIER MOON RIVER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NW 88 STREET MIAMI, FL 33147	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Moon River Alf, License #12364, had deficiencies identified at time of the survey.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview the facility failed to maintain the employment status of all employees within the background screening's clearinghouse. Findings included: Review of the clearinghouse revealed that the facility's employee roster was not up to date. Staff C hired on was not listed. Interview conducted on at 12:45 PM, the administrator confirmed the findings. Unclassified Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on observation, record review and interview, the facility failed to ensure that two out of five sampled staff had an eligible Level 2 background screening (Staff A and C). Findings included: Facility visit on at 9:10 AM showed Staff C was in care of the residents. Record review on showed that Staff A, administrator background screening on file was eligible on and Staff C on . Background screening website review showed that Staff A results document "Agency Review Required" and Staff C was not found on the database. Interview conducted on at 12:45 PM, the administrator confirmed the findings. Unclassified		