

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966481	(X3) DATE SURVEY COMPLETED 04/24/2017
NAME OF PROVIDER OR SUPPLIER ALF ... SEVILLA HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8331 SW 27 ST MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on . ALF Sevilla Home Care Corp, License #10660 had the following deficiency found at the time of survey: L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview, the facility failed to provide documentation of training in Limited Mental Health for 1 out of the 4 sampled staff (Staff B). Findings Include: A review of Staff B employee's file revealed Staff B (hired) did not have documentation of a completed limited mental health training. On at 10:27 AM the Administrator stated "Staff B has not completed the Limited Mental Health training, but I already called to register him to take the training on , 2017. Class III		

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