

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965988	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER FREIRE & SOTOMAYOR ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2303 SW 62 COURT MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Freire & Sotomayor Alf, Inc. (license # 10355), with the Limited Mental Health component, had a deficiency identified at the 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 on its roster within the Background Screening Clearinghouse Database. Findings included: A review of the facility's roster in the Background Screening Clearinghouse Database revealed that it was not up to date. Staff E was listed and Staff D, hired on _____, was not listed. Interviewed on _____ at 10:20 AM, Staff D stated, "Staff E is not a facility employee at present." Unclassified		