STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965168	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **ISA ADULT HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4363 SW 146 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Isa Adult Home Care. with a Limited Mental Health Component (License# 9623) had the following deficiency found at the time of the survey:

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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 facility failed to ensure that one of six sampled staff was registered and/or removed on the facility's roster in the Background Screening Clearinghouse Database (Staff F).

Findings included:

A review of the Background Screening Clearinghouse Database showed Staff F, hired on was on the facility's roster and she had stopped working in the facility on .

On at 11:30 AM, the Administrator stated that she did not know that this employee was still on the roster and that she was going to contact the consultant to have it corrected and have this employee removed.

Unclassified