STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	**05/10/2017**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 SW 196TH DRIVE** **CUTLER BAY, FL 33157**	

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

0000 - Initial Comments

A Complaint (CCR #2017003587) Survey was conducted on , 2017. Whispering pines Home Care Inc License #11423 had the following deficiency identified at time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to have an eligible level II background screening record for one out of four sampled staff (Staff D).

Findings included:

Record review revealed Staff D (hired) level II background screening onfile was dated .

The background screening database was checked. Staff D's background screening status was "A New Screening Is Required."

Interview on at 2:30 PM the Administrator stated, "her background does not expire until , . She will get a new one done."

Unclassified