

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965827	(X3) DATE SURVEY COMPLETED R 05/10/2017
NAME OF PROVIDER OR SUPPLIER ALF SEVILLA HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10844 SW 154 TERRACE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint revisit survey was conducted on , 2017 (CCR #2016012083) . ALF Sevilla Home Care with limited mental health component and license number 10152 had the following deficiency identified at the time of the survey. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, the facility failed to provide documentation that one of two sampled staff had a current negative () test result. Findings Included: A review of the personnel record showed that Staff B had a test result on file which expired on . On at 11:00 AM Staff A stated that Staff D's doctor was is on vacation, and that Staff D would get the test done that week. Class III		

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