STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964394	R **06/29/2017**
NAME OF PROVIDER OR SUPPLIER **SALMO 23 ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **277 EAST 4 STREET** **HIALEAH, FL 33010**	

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 maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the background clearinghouse revealed that the facility's employee roster had staff listed that no longer worked for the facility.

Interview on at 11:50 am Staff B stated, "I will remove those person that do not work here anymore."

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 29, 2017. Salmo 23 Elder Care with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey.