

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910644	(X3) DATE SURVEY COMPLETED 07/03/2017
NAME OF PROVIDER OR SUPPLIER APOLLO GARDENS RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2718 JOHNSON STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on _____ at Apollo Gardens Retirement Residence Care, Inc. ALF, License #7341. The facility had deficiencies at the time of the visit.

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 Background Screening for employment status, for 5 out of 15 staff members (Staff A,C, F, G and H).

The findings included:

A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on _____, 2017 at 9:30am compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 3 current staff members were not registered. A further review of the facility's Employee Roster Clearinghouse Background Screening revealed that 2 staff members, who were no longer employed by the facility does not have an end date of employment listed.

During an interview with the Administrator at 2:30pm on _____, she verified that these 3 staff members are currently employed at the facility.

The following 3 Staff Members currently employed are Not Registered on the Employee Roster Clearinghouse Background Screening included:

- 1-Staff A hire date of _____
- 2-Staff C hire date of _____
- 3- Staff F hire date of _____

Further review of the facility's Employee Roster Clearinghouse Background Screening, revealed the following facility's 2 staff members, who were no longer employed by the facility did not have an end date of employment listed. During an interview with the Administrator at 2:30pm on _____, she verified that these 2 staff members are no longer employed at the facility.

The following staff members, no longer employed by the facility does not have an end date on the Employee Roster Clearinghouse Background Screening included:

- 1-Staff G hire date of _____ and end date of _____

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

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2- Staff H hire date of and end date of . In an interview conducted on with the Administrator at 2:45pm on , she acknowledged and confirmed the findings. Class III		