STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953636	R **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **A LOVING HOME ENTERPRISES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3640-42 SW 91ST AVENUE** **MIAMI, FL 33165**	

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 on its roster within the Background Screening Clearinghouse database for 1 of 3 (Staff C) staff.

Findings:

A review of the Background Screening Clearinghouse database showed Staff C , who no longer worked at the facility, Staff B and Staff D were on the facility's roster, Staff D lives in the facility and is not a staff member.

Staffing schedule review showed Staff A and B as facility employees.

On at 1:30 p.m. the Administrator stated Staff C, and the husband of Staff A,do not work in facility. She stated will remove both immediately.

Unclassified

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0000 - Initial Comments

A Monitoring revisit to check on residents' wellness was conducted on . A Loving Home Enterprises, with standard license (AL8675), had the following deficiency identified at the time of the visit: