

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968947	(X3) DATE SURVEY COMPLETED R 06/20/2017
NAME OF PROVIDER OR SUPPLIER A SENIOR LIVING DREAM LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13442 SW 284TH ST HOMESTEAD, FL 33033	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Mental Health component expansion revisit survey was conducted on . A Senior Living Dream Llc, license #12831 had the following deficiency found at the time of the survey:		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to provide documentation of a current Level II background screening for 1 out of 3 sampled staff, (Staff B) who had a break in service of more than 90 days without obtaining a new background screening.

Findings included:

A review of Staff A's employee file showed that the staff was hired on _____ and the last Level II background screening result on file was dated on _____. Staff B's employment application did not have previous employment verification.

On _____ at 1:20 PM Staff A stated "I worked in as a Youth Care worker; I worked there from _____ of 2016 to _____, 2017. I studied as a nurse in Puerto Rico so the university asked me for a background screening."

On _____ at 2:00 PM the Administrator stated "I registered her in the background clearinghouse, but I did not do a new background screening because I thought the background screenings were good for five years. I did not know that the break in service could not be more than 90 days."

Unclassified