STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969210	**07/19/2017**
NAME OF PROVIDER OR SUPPLIER **ADA RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **230 SW 119TH AVE** **MIAMI, FL 33184**	

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

0000 - Initial Comments

An Initial survey was conducted on . Ada Retirement Home Inc had the following deficiency found during the survey:

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based record review and interview, the facility failed to maintain documentation of the eligible Level II background screening result on site for one of two sampled staff (manager).

Findings included:

A review of personnel records found there was no documentation of an eligible Level II background screening result for the Manager. The facility had a fingerprinting appointment receipt dated .

During an interview on at 9:30 A.M., the Administrator acknowledged that Manager record did not have eligible background screening result for review. She stated "I need to print it out."

Unclassified