

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965711	(X3) DATE SURVEY COMPLETED 07/05/2017
NAME OF PROVIDER OR SUPPLIER BELLA LUNA RETIREMENT HOME II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11511 SW 128 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Bella Luna Retirement Home II inc. with Limited Mental Health component License #11134 had the following deficiency found at the time of the survey:

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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 ensure that one of four sampled staff was registered and/or removed on the facility's roster in the Background Screening Clearinghouse Database (Staff D). Findings included: A review of the Background Screening Clearinghouse Database showed Staff D, hired on _____ was on the facility's roster and she had stopped working in the facility on _____, the same day. On _____ at 11:30 AM, the Owner stated that this staff was on the roster because they put her the same day that she started working but the same day she got sick and she did not come back. Unclassified		

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