STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	R **08/17/2017**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 SW 196TH DRIVE** **CUTLER BAY, FL 33157**	

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

0000 - Initial Comments

A Complaint (CCR #2017003587) Survey revisit was conducted on and concluded on . . . . . Whispering pines Home Care Inc (AL 11423) had the following deficiency identified at time of the survey:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	R **08/17/2017**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 SW 196TH DRIVE** **CUTLER BAY, FL 33157**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview the facility failed to have 1 out of 5 (Staff D) facility employees registered with the clearinghouse and maintain its employment within the clearinghouse.

Findings as follow:

On . . . . . at 9:20 a.m. Staff D was observed in facility.

Background screening database clearinghouse review revealed Staff D was not list on the facility's employee roster.

Phone interview on at 10:15 a.m. the Administrator stated registered Staff D on the roster and did not understand why she was not there.

Unclassified