STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	R **08/14/2017**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **8275 SW 47 TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 08/14/2017. San Judas Assisted Living Facility, License #11145, had deficiencies found at the time of the survey.

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SUMMARY STATEMENT OF DEFICIENCIES
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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 an updated Level II background screening for the staff that had a break in service of more that 90 days without obtaining a new background screening for one out of seven (Staff G) sampled staff.

Findings included:

Record review revealed Staff G was hired as the manager on . Staff G's last Level II background screening eligibility date was .

On at 1:45 PM Staff G stated, "I have been not working in Assisted Living Facility for a long time. I stayed home since 2016. I going to do my fingerprints again today."

Unclassified