STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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 and record review, the facility failed to register with the Background Screening Clearinghouse Database. The facility also failed to maintain the employment status of 1 out of 3 (Staff B) employees on its roster within the Clearinghouse Database.

Findings:

On at 8:30 a.m. Staff B was observed in facility working with 5 residents.

A review of the Background Screening Clearinghouse Database showed Staff B was not listed on the facility roster.

A review of personnel records showed that there was no documentation of Staff B's hire date, however the staff had transferred to work at the facility in approximately , of 2017.

On Staff B stated that she was a new employee at this ALF, and that she used to work in another ALF.

Class III