STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **NEW ERA COMMUNITY HEALTH CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1351 N KROME AVE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint (CCR 2017006479) Survey was conducted at New ERA Community Health LLC (license 12989) in Homestead, Florida from and concluded on . Deficient practice was found at the time of the complaint investigation.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure 3 of 5 residents (Resident #4, 5, and 9) had completed health assessment (1823 health assessment) within 30-days of being admitted to the facility.

Findings include:

On , in a record review of Resident #4's file, the file documented Resident #4 was admitted to the facility on . The file did not document Resident #4 had completed the required 1823 health assessment.

On , in a record review of Resident #5's file, the file documented Resident #5 was admitted to the facility on . The file did not document Resident #5 had completed the required 1823 health assessment.

On , in a record review of Resident #9's file, the file documented Resident #9 was admitted to the facility on . The file did not document Resident #9 had completed the required 1823 health assessment.

On , at 5:38 PM, in an exit interview with the Administrator, the Administrator stated he believed the facility had completed the 1823 health assessments and he would send them to the surveyor by via e-mail.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **NEW ERA COMMUNITY HEALTH CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1351 N KROME AVE** **HOMESTEAD, FL 33030**	

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 ensure 3 of 10 staff members (Staff A, C and D) had completed and updated background screenings as the result of a 90-day gap in employment.

Findings include:

On , in a record review of Staff A's employee file, the file documented Staff A had been hired by the facility on . The file documented Staff A had completed a background screening on . The file documented Staff A had completed a job application, which reflected Staff A last was employed from 2010 to 2016 in a non-health care position.

On , in a record review of Staff C's employee file, the file documented Staff C had been hired by the facility on . The file documented Staff C had completed a background screening on . The file did not document Staff C having any prior work experience.

On , in a record review of Staff D's employee file, the file documented Staff D had been hired by the facility on . The file documented Staff D had completed a background screening on . The file did not document Staff D having any prior work experience.

On at 5:38 PM, in an interview with the Administrator, the Administrator acknowledged he was unaware of the 90-day gap requirement and would have the staff in question obtain new screenings.

Unclassified