

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X3) DATE SURVEY COMPLETED 10/05/2017
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Biennial survey was conducted on . Juan Pablo II ALF corp. with a standard licence, (AL 10487) had the following deficiency identified at the time of the survey:

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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 a signed attestation of compliance with background screening for 4 out of 4 sampled staff (Staff A, B, C and D).

Findings as follow:

A review of the personnel records showed Staff A, B, C and D's files had no documentation of an attestation of compliance with background screening.

On at 2:52 p.m. the Administrator stated that she did not know the attestation form had to be in records.

Class III