STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965639	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **UNIQUE ASSISTED LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8501 NW 38TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced relicensure urvey was conducted on at Unique Assisted Living Residence, License #9991. The facility had deficiencies at the time of the visit.

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, interview and record review, the facility failed to provide the eligibility results of the employee screening and the signed Attestation referenced in subsection 59 A -35 .0090(2), FAC. which must be in the employees file, maintained by the provider for 1 of 2 employee records reviewed (Staff A).

The findings included:

On a review of employee A's file, who began her employment on , 2017 as a Home Health Aide, providing direct care to the Residents from 7:00 AM - 7:00 PM. Review of the file revealed that the eligibility results of employee screening and the signed attestation form were not located in the file, nor could the Administrator nor the staff member locate the form anywhere throughout the survey.

On at 03:00 PM, an interview was conducted with the Administrator, it was revealed that she had not been given a registration code by the Agency for Health Care Administration (AHCA) to go on-line to access the information as of yet, due to the recent Hurricane; therefore, she did not have a hard copy in her file.

Class III

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

Based on observation, interview and record review, the facility failed to register with Ute background clearing and maintain the employee status within the clearing house, for 2 of 3 Staff employed in the facility (Staff A and Staff B).

The findings included:

On , a review of the staffing schedule for the facility revealed: Staff A was hired , 2017 to provide direct care to residents as a Home Health Care Aide. She is scheduled to work 5 days per week 7:00 AM - 7:00 PM. Staff B was hired , 2017 as a Home Health Aide to provide direct care to Residents. She works weekends from 7:00 AM - 7:00 PM. A review of the on-line Background Clearing House, revealed these employees had not been added to the Roster by the Employer.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965639	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **UNIQUE ASSISTED LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8501 NW 38TH STREET** **CORAL SPRINGS, FL 33065**	

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

On . . . . at 03:00 PM, an interview was conducted with the Administrator; she indicated she was not aware of the new system about the Roster. She says she has been having trouble with registering due to the back-log with the system

Unclassified