STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	R **10/19/2017**
NAME OF PROVIDER OR SUPPLIER **ALF SWEET HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 15TH ST** **MIAMI, FL 33174**	

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

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

Based on record review, and interview, the facility failed to maintain documentation of an eligible Level II Background Screening in the personnel file for two out of five sampled staff (Staff D and E).

Findings included:

Observation on at 11:20 AM showed Staff D and E were caring for the residents and providing personal services to them.

Record review found that there was no personnel record for Staff D and E. Review of the background-screening database revealed that Staff D and E had an eligible status.

Interview conducted on at 11:40 AM, Staff D and E, stated, "We have been working in the facility for one week."

Interview conducted on at 12:10 PM, Owner stated that there was no personnel record for Staff D and E.

Unclassified