

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968954	(X3) DATE SURVEY COMPLETED 11/28/2017
NAME OF PROVIDER OR SUPPLIER THE RESIDENCES OF UNITED HOMECARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9355 SW 158TH AVE MIAMI, FL 33196	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/ and concluded on . The Residences of United Homecare (license #12782) had the following deficiency found 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 current Level II background screening for two out of twelve sampled staff, (Staff I and L). Staff I and L had a break in service of more than 90 days without obtaining a new background screening.

Findings include:

A review of Staff I's employee file showed that the staff was hired on _____, and the last screening result on file was _____. Further review of the employee application showed the staff last job in a health related field ended on _____.

A review of Staff L's employee file showed that the staff was hired on _____, and the last screening result on file was _____. Further review of the employee application showed the staff had no previous work experience.

On _____ at 1:01 PM Staff P stated, "We retained the prints from her previous background screening and the system allowed us to do it and the background screening results were returned as eligible."

Unclassified