

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966251	(X3) DATE SURVEY COMPLETED 12/20/2017
NAME OF PROVIDER OR SUPPLIER ALELISE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6230 W 18 AVENUE HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An abbreviated biennial survey was conducted on . Alelise ALF Corp. with the Limited Mental health component (AL 10469), had the following deficiencies identified at the time of the visit. 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to have an application with references for 1 out of 4 staff (Staff D). Findings: Staff record review showed the facility had no an application for employment for Staff D, hired on according to the Administrator statement. On at 12:40 p.m. the Administrator stated Staff D took the application out of the record to make a photocopy, and had not brought it back. Class III		

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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 perform a new background screening for 1 out of 4 sampled staff who had a 90 day break in service.

Findings:

Background database review and a review of the personnel record showed that Staff D's background screening was conducted on

On at 12:40 p.m. the Administrator stated Staff D was hired on 11/. She said Staff D worked in another ALF and taking care of an elderly in a private home for about 35 days before coming to work to facility. Staff D, interviewed by telephone, could not provide name or any other information to verify the previous employment.

Class II