STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966900	R **01/10/2018**
NAME OF PROVIDER OR SUPPLIER **TROPICAL PARADISE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14112 SW 145 PLACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint (CCR #2017010853) survey revisit was conducted on . Tropical Paradise ALF, Inc. with standard license #11040 had the following deficiency found at the time of the survey:

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

Based on record review and interview the facility failed to have the attestation of compliance with the Level 2 background screening for 5 out of 5 facility Staff (A, B, C, D and E).

Findings as follow:

Review of Staff C's record revealed staff was hired on . Record review showed the facility did not have a signed attestation of compliance with the Level 2 background screening for Staff C.

Personnel record review revealed the facility also did not have Staff A, B, D, and E's signed attestation of compliance forms.

On at 12:50 p.m. when the forms were requested, the Administrator stated no staff (A, B, D, and E) had the attestation signed. She added did not know needed that form.

Unclassified