

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910970	(X3) DATE SURVEY COMPLETED R 02/01/2018
NAME OF PROVIDER OR SUPPLIER TGL RESIDENCE & ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3210 SW 104 COURT MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR #2017008558) survey revisit was conducted on _____, 2018. TGL Residence & ALF (license # 5959) had deficiencies identified at the time of the survey: 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on record review and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Findings included: Review of the posted staffing revealed that it was for the month of _____. On _____ at 12:15 PM the facility's owner stated during an interview, "I have it on my phone, I am going to print it and post it." On _____ at 12:45 PM the owner provided a copy of the current schedule. Uncorrected Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for 1 out of 5 sampled staff (Staff A) within 10 days. Findings included: Review of the clearinghouse database revealed the facility's roster was not up-to-date; the Administrator (Staff A) was not listed. The Administrator hire date was On at 1:30 PM the owner stated that he was waiting for the facility health finder system to be updated then to update facility's roster. Unclassified		