STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966205	03/07/2018
NAME OF PROVIDER OR SUPPLIER CARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 11412 NW 1ST PLACE CORAL SPRINGS, FL 33071	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on at Care, Inc, License #10458. The facility had deficiencies at time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure 1 of 1 sampled employees (Staff A) had a written statement from a health care provider documenting that the employee is free from ( ) on an annual basis.

The findings included:

During record review for Staff A, the administrator, with hire date of , a signed statement by a health care provider verifying this employee was free from ( ) annually could not be located. A request was made to the administrator for the documentation, and the administrator stated she was not aware that the statement should be updated and kept in the file annually.

On at 1:47 PM, the administrator acknowledged the absence of the annual written negative for Staff A. The facility provided no additional documentation at the time of the survey.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined the facility failed to maintain an environment in a safe and sanitary manner for residents in the facility.

The findings included:

A tour of the facility during the survey revealed the following:
1. # - chester /dresser missing a drawer
2. # - vanity in disrepair, doors have peeling plastic of the cabinet doors and wood , exposed.
3. # - one missing
4. # - closet ceiling is in disrepair (ceiling damage), peeling paint

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An interview was conducted with Staff A, the administrator, on at 2:46 PM. She acknowledged and confirmed the findings.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status for 1 of 1 employees within the AHCA (Agency for Health Care Administration) Background Screening Clearinghouse.

The findings included:

During record review of the facility's Background Screening Clearing House Roster, five (5) employees were listed as active employees currently working at the facility. Record review of the facility staffing schedule revealed that the facility had only 4 employees, Staff A, Staff B, Staff C, and Staff D.

An interview was conducted with the administrator on at 2:05 PM inquiring about a staff member who is located on the Background Screening Clearing House Roster but was not identified on the facility staffing schedule provided. The administrator stated the employee resigned from the facility in 2016. The administrator stated she forgot to update the roster and would update it as soon as possible.

In an interview conducted on at 2:07 PM with the Administrator, the findings was acknowledged and confirmed.

Unclassified