

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969058	(X3) DATE SURVEY COMPLETED 03/26/2018
NAME OF PROVIDER OR SUPPLIER SERENITY ISLES ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3980 NW 47 TERR LAUDERDALE LAKES, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR #2018000165 was conducted on _____ at Serenity Isles ALF Inc, License #12897. The facility had a deficiency at the time of the visit. 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 AHCA Clearinghouse Background Screening Employee Roster for employment status, for 10 out of 10 staff members; (Administrator; Staff A - I). The findings included: A review of current facility's staff schedule observed posted on _____ at 9:30am compared to the Clearinghouse Background Screening Employee Roster revealed that it was blank, current staff members not registered, and prior employees do not have an end date for 10 out of 10 facility staff. The following: 1) Administrator hire date of _____ - not on the roster 2) Staff A hire date of _____ - not on the roster 3) Staff B hire date of _____ - not on the roster 4) Staff C hire date of _____ - not on the roster 5) Staff D hire date of _____ - not on the roster 6) Staff E hire date of _____ - not on the roster 7) Staff F-no end date for employment 8) Staff G-no end date for employment 9) Staff H-no end date for employment 10) Staff I-no end date for employment The Administrator acknowledged and confirmed the findings and no further documentation or information provided. Unclassified		