STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	**04/05/2018**
NAME OF PROVIDER OR SUPPLIER **SARA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29100 SW 172 AVENUE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint (CCR #2018001068) survey was conducted on , , 2018. Sara Home Care with limited mental health component, license #10336 had the following deficiencies identified at the time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on interview and record review, the Assisted Living Facility failed to ensure that staff had an eligible Level 2 background screening prior to having have contact with residents for one (E) out of six sampled staff.

Findings included:

On at 10:10 AM Staff D revealed Staff E was one of the staff members that worked at night.

On at 11:52 AM Staff E revealed during a phone interview staff worked from 7:00 PM to 6:00 AM.

Review of Staff E's personnel record revealed a job application dated . The facility did not have any evidence of a background screening for Staff E.

Review of Staff E's background screening on the background screening database showed "Agency review required."

Unclassified