STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey Third Revisit was conducted on , 17, 2018. Our Loving Mother Elderly Care, Inc. (License # 8128) with Limited Mental Health component had the following deficiency identified at the time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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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 and report changes in staffing within 10 business days.

Findings included:

Review of the background screening database for providers showed that facility's employee roster had Staff A and Staff B listed, Staff C was not listed.

On [redacted] at 9:05 AM Staff C reported she had been working at the facility since [redacted], (2018).

Record review revealed Staff C was hired to work at the facility on [redacted].

Unclassified