STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965896	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL VILLA ADULT CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2860 SW 122 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Survey changed to a Standard Biennial Survey was conducted on . . . . . . Coral Villa Adult Care Inc. with a Standard Licence #10206, had a deficiency found at the time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that one out of two sampled staff received a new Level II Background Screening after a 90 day break in service (Staff B).

Findings included:

Review of Staff B's record revealed that she had been hired on and background screening was dated . According to Administrator Staff had not worked for another facility like this or with a health care company on the last 90 days.

On at 11:00 AM administrator stated that she was not aware of this regulation and that she was going to send Staff B to get a new background screening.

Unclassified