

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968400	(X3) DATE SURVEY COMPLETED R 10/09/2018
NAME OF PROVIDER OR SUPPLIER SAN JUDAS HOME CARE III CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 251 NW 108TH STREET MIAMI, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Follow Up Visit to a Standard Biennial Survey was conducted on San Judas Home Care III Corp (License #12298) with Limited Mental Health component had a deficiency identified at the time of the survey. 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to have a copy of the most recent background screening result for one out of four sampled staff (Staff B). Findings included: A review of the facility's personnel file on showed that the facility had a copy of an expired eligible background screening result in file for Staff B dated A review of the Background Screening Database on showed that Staff B had an eligible background screening result dated During an interview on at 11:58 AM, Staff B went through the file and stated "I have it, we both did it." Staff B did not find the copy of the background screening result, called the Administrator and stated "I don't have it." Then, Staff B stated "it has to be here because we both did it; the Administrator is coming with a copy of the background screening result." Uncorrected Class III		