STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968412	10/29/2018
NAME OF PROVIDER OR SUPPLIER **YENI ALF HOME CARE CO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1961 SW 44TH AVENUE** **FORT LAUDERDALE, FL 33317**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-licensure Survery was conducted on [redacted] at Yeni ALF Home Care Co., (License # 12317). The facility had deficiencies at the time of the survey.

E200 - ECC - Licensing - 58A-5.030(1) FAC

Based on record review and interview, the facility failed to ensure that their Emergency Environmental Control Plan (EECP) was up-to-date and approved by the county entity responsible for approval, as required.

The findings include:

During an interview conducted with the Administrator on [redacted] at 1:54 PM, the facility's EECP and approval letter was requested for review. The Administrator stated that she submitted the EECP but she received no response as of today's date. Further record review revealed the facility last EECP was approved for [redacted], 2017 through [redacted], 2018.

During an interview with Administrator on [redacted] at 4:08 PM, the findings were discussed; no further documentation was provided.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to register staff with the Agency for Health Care Administration (AHCA) background screening clearinghouse within 10 days of hire, for 1 of 4 sampled staff.

The findings include:

On [redacted], the AHCA background screening clearinghouse roster was reviewed. The roster revealed that the facility had not entered an end date of hire for Staff C, who is no longer employed with the facility. Review of the facility staff schedule revealed that staff C is not listed on the staff schedule. Review of the background screening clearinghouse roster revealed the following: Staff C - Home Health Aide- Hire Date: [redacted].

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

During an interview with the Administrator on . . . . . at 3:06 PM, it was stated that Staff C is not employed with the facility. The Administrator acknowledged the findings, no further documentation was provided at this time.

Unclassified