

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964775	(X3) DATE SURVEY COMPLETED 02/07/2019
NAME OF PROVIDER OR SUPPLIER LADY REGLA CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11935 SW 40 STREET MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on Lady Regla Care Inc. had deficiencies identified at the time of the survey: 0083 - Training - First Aid and . . . - 58A-5.0191(5) FAC Based on record review and interview the facility failed to ensure that a staff that had completed courses in First Aid and . . . and held a currently valid card documenting completion of such courses was in the facility at all times. Findings included: A review of Staff C's personnel record revealed that her . . . expired on . . . On . . . at 11:55 AM the Administrator stated, "Staff C works alone at night." Class III		

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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 an updated employee roster in the background screening clearinghouse. One of four sampled staff was not listed (D).

Findings included:

Review of the facility's staff roster revealed Staff D was listed as an active employee.

Review of the employee work schedule revealed that Staff D was not listed.

On at 9:50 AM the Administrator stated that Staff D did not work there anymore, since and that she went to remove her. She stated that since she had not used the roster in a long time, it blocked her and she needed a new password and that her consultant would fix it.

Unclassified