

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967653	(X3) DATE SURVEY COMPLETED 04/23/2019
NAME OF PROVIDER OR SUPPLIER LAKE VIEW ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A re-licensure survey was conducted at Lake View ALF Corp on Deficient practice was identified during survey: 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to provide documentation of an updated Emergency Management Plan submitted and approved by the local agency. Findings included: Record review revealed the facility had an approved Emergency Management Plan available for review dated-Expired. On at 9:50 AM the Administrator stated that he did not know what has happened because he submitted the payment but he has not received the approval, and that the consultant was trying to help him to get the approval. The administrator then called to find out why he had not receive it and was told that the facility had submitted the application incomplete and they needed to re-submit it. Class III		

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

Based on observation, record review and interview, the facility failed to delete one out of four sampled staff (D) on the background screening clearinghouse database.

Findings Included:

A review of Staff's D record review revealed that she was hired on and stopped working in ; no specific date was given.

On at 11:00 AM, the Administrator stated that he had removed the caregiver from his files but not on the clearinghouse roster.

Unclassified