STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968883	**05/14/2019**
NAME OF PROVIDER OR SUPPLIER **HOGAR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8240 NW 171 ST** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A biennial survey was conducted at Hogar, Inc. on . . . . Deficiencies were identified at the time of survey.

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to have an updated level 2 background screening for one of three sampled staff (A).

Findings included:

Observation on from 9:00 am - 2:00 pm revealed Staff A was working in the facility. The facility's staffing pattern posted at the board reflected Staff A listed on the schedule .

Record review revealed Staff A had a background screening dated /174/7/14 as eligible. The background screening database reflected, "Agency Review Requirement" for Staff A.

Interview on at 2:00 pm Staff A stated, "I will call the background screening to find out what is going on with my background screening."

Unclassified