

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARILUCA # 2

**9362 SW 155 AVENUE
MIAMI, FL 33196**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Mariluca #2 on The provider had deficiencies at the time of the visit:	A 000		
A 090 SS=D	58A-5.0191(11) FAC Training - (11) TRAINING: (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one out of six (D) sampled staff had training on the facility's (.). Findings included: Record review of employee files for Staff D hired did not have documentation of receiving training. On at 11:30 AM the Administrator stated	A 090		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 090	Continued From page 1 that she thought that the lady who came to give the other training had given this other training to the staff. Class III	A 090		

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NAME OF PROVIDER OR SUPPLIER MARILUCA # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 9362 SW 155 AVENUE MIAMI, FL 33196			
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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to update two out of six sampled staff (E and F) employee status on the background screening database. Findings included:	CZ814			

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CZ814	Continued From page 1 A review of staff records revealed Staff E stopped working on and Staff F on They were still listed on the employee roster on the background screening database. On at 11:00 AM the Administrator stated that she had forgotten to remove them from the roster. She opened the computer and updated the system. Unclassified	CZ814		