| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968887** | **09/06/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRINCETON HOME CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**25703 SW 128TH AVE**<br>**HOMESTEAD, FL 33032** | |

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

**0000 - Initial Comments**

A standard biennial survey was conducted on , , 2017. Princeton Home Care, Llc. with license number 12746 had the following deficiencies identified at the time of the survey:

**0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC**

Based on record review and interview, the Assisted Living Facility failed to ensure that Administrator completed the CORE competency test requirements no later than 90 days after becoming employed as a facility administrator.

Findings included:

Review of Administrator's personnel file revealed that the hire date was on .

In an interview on at 10:48 AM, the Administrator revealed that Administrator has not passed the CORE test.

Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on record review and interview, the Assisted Living Facility failed to have the facility's emergency management plan, with documentation of review and approval by the county emergency management agency. Facility failed to have proof of liability insurance.

Findings included:

Review of emergency plan revealed that it was approved last time on .

In an interview on at 12:20 PM the Administrator revealed that was not able to find the new approval letter.

Facility did not have proof of liability insurance.

In an interview on at 12:56 PM the Administrator revealed that was not able to find the proof of liability insurance.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968887** | **09/06/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRINCETON HOME CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**25703 SW 128TH AVE**<br>**HOMESTEAD, FL 33032** | |

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

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

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

Based on record review and interview, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status must be reported within 10 business days.

Findings included:

Review Background screening database for providers showed that center's employee roster was empty.

Review of Administrator's personnel file revealed that hire date was on .

Review of Staff B's personnel file revealed that hire date was on .

Review of Staff C's personnel file revealed that hire date was on .

In an interview on at 1:00 PM the Administrator revealed that has been trying to fix it. The facility has been trying to change Administrator and background unit did not let them complete the roster. It showed status pending.

Unclassified