

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942957	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER BOSAN RESIDENCE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1754 NW 6 STREET MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint investigation (CCR2018016276) was conducted at Bosan Residence Corp. survey on Bosan Residence Corp. with a Limited Mental Health component had deficiencies at the time of the survey: 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview, the facility failed to have a satisfactory fire inspection and health inspection report available for review. Finding included: Review of the fire inspection revealed it was last approved on and expired on , and the health inspection was approved on and expired on On at 10:00 AM the administrator stated that she had been busy with other things that she complete forgot to apply for the renewal. 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 nine sampled staff (I) from its roster in the background screening clearinghouse database.

Findings Included:

A review of Staff I's record review revealed that she was hired on and stopped working on

On at 11:00 AM, the Administrator stated that she thought that the consultant had had removed the staff already and she did not know why she was still showing on the roster .

Unclassified