STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	R 02/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO	**3201 ROUSE ROAD ORLANDO, FL 32817**

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

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

DEFICIENCY REMAINS UNCORRECTED

Based of review of the Agency's background screening website and interview the facility failed to ensure that 1 of 4 sampled staff (E) was registered and maintained on the facility roster.

Findings:

Review of the Agency clearinghouse website revealed that Staff E (kitchen manager) was not listed on the roster for the facility. Staff E was hired on .

In an interview with the administrator on at 9:50A M, "He has been here over 10 years, and I never went back and made him get a Level 2. He does not provide personal care or have access to resident funds, so I did not think he needed one. He doesn't have access to their living space."

Unclassified

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (E) had current background screening eligibility and allowed staff to work without knowing if they were in compliance with background screening requirements.

Findings:

Review of the personnel record and Agency roster for Staff E revealed he did not have a current Level 2 background screen that indicated he met requirements and was eligible to work in an assisted living facility. Date of hire .

Review of the background screening website on revealed Staff E was ineligible as of 11/ .

In an interview with the administrator on at 9:50AM he stated, "He has been here over 10 years, and I never went back and made him get a Level 2. He does not provide personal care or have access to resident funds, so I did not think he needed one. He doesn't have access to their living space."

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	R **02/10/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 ROUSE ROAD** **ORLANDO, FL 32817**	

SUMMARY STATEMENT OF DEFICIENCIES
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