STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	R **02/21/2017**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at the Hill View Assisted Living Facility (license number 11636). This was a follow-up to the biennial survey conducted . Deficient practice was identified at the time of the revisit.

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

Based on review of the background screening roster, and interview with the facility administrator, the facility failed to register employees with the background screening clearinghouse.

The Findings are:

On at approximately 10:00 am, an interview was conducted with the administrator who reported that they did not know the process for registering with the background screening clearinghouse and registering all employees in it. The Administrator reported that the employee who was knowledgeable of the computer was out today and she did not know how to go on the computer to find out if she was registered in the clearinghouse.

At 11:05 am the administrator made contact with the background screening unit and talked with the , who verified that the facility nor its employees were registered in the clearinghouse. The , provided instruction to the administrator on how to get registered and stated that it would take two business days upon registering to be eligible to register employees. The Administrator reported that they would educate themselves on the process of registering in the clearinghouse.

Unclassified