

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965487	(X3) DATE SURVEY COMPLETED 03/24/2017
NAME OF PROVIDER OR SUPPLIER BLOOMFIELD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2774 WESLEYAN DR PALM HARBOR, FL 34684	
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 facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility. Findings included: A record review of the Agency Clearinghouse Employee Roster during the survey revealed that no employees, currently working at the facility, were included on the Employee Roster. During an interview with the administrator, on _____ at 10:20 a.m., the administrator stated that she was not aware of any backgrounds screening roster until just recently and has not completed this process yet. Surveyor reviewed the facility active staffing schedule with administrator and confirmed all staff who provide care to residents were not listed on the background screening roster. No further documentation was provided at this time. (unclassified)		

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0000 - Initial Comments Assisted Living Facility A biennial state licensure survey was conducted at Bloomfield Manor, Assisted Living Facility, on . Bloomfield Manor, Assisted Living Facility, had deficient practice identified at the time of the survey. (License # 9893)		