STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967739	**03/16/2017**
NAME OF PROVIDER OR SUPPLIER **PERSONAL TOUCH ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20 FIR TRAIL COURSE** **OCALA, FL 34472**	

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

0000 - Initial Comments

On , a Limited Nursing Services (LNS) monitoring survey was conducted at Personal Touch Assisted Living Facility (facility license number 11730). Deficient practice was identified during the survey.

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

Based on record review and interview, the facility failed to register 1 of 10 staff (Staff B) on the employee roster on the AHCA Background Screening Clearinghouse website.

Findings:

On , a review of the employee roster on AHCA Background Screening Clearinghouse website showed the facility failed to have one active employee (Staff B) on the clearinghouse roster.

On an interview was conducted with the Administrator at 10:45 AM. She confirmed that Staff B was not on the facility's employee roster. She stated she was unable to update the roster because she could not get on the website.

Unclassified