STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968529	**07/10/2017**
NAME OF PROVIDER OR SUPPLIER **BELLA ROSE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 W YUKON ST** **TAMPA, FL 33604**	

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 updated employee roster in the Agency background-screening clearinghouse for two (Staff B and C) of three employees selected for record review. The facility did not update the employee roster within 10 day of employment for Staff B and C.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website reveled that Staff B and C's were not included the roster for the provider.

During interview with the Administrator, on at 02:32 p.m., the Administrator confirmed that staff B and C were not included in the employee roster and stated that she did not have access to add or update employees on the facility roster.

Unclassified