STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911735	**07/13/2017**
NAME OF PROVIDER OR SUPPLIER **KEY TRAINING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5391 WEST SAFARI LANE** **LECANTO, FL 34461**	

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

0000 - Initial Comments

On , 2017, an unannounced abbreviated biennial survey was conducted at Key Training Center Assisted Living Facility (License # 7732) at 5391 West Safari Lane, Lecanto, Florida. During this survey, deficient practice was identified.

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

Based on record review and interview, the facility failed to maintain a current employee roster within the Agency's Background Screening Clearinghouse for 1 of 3 staff reviewed (Staff A).

Findings:

In a review of the facility's Background Screening Clearinghouse on , 2017 at 1:25 p.m., discovery was made that Staff A did not appear on the facility's employee roster within the Agency's Background Screening Clearinghouse (photographic evidence).

On , 2017 at 1:50 p.m. in an interview with the Human resource director, she stated she was unaware that Staff A was not on the Clearinghouse roster for this facility.

Unclassified