STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965244	**07/31/2017**
NAME OF PROVIDER OR SUPPLIER **THE SUSAN REWIS HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7216 NW 22ND DRIVE** **JENNINGS, FL 32053**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure staff completed an attestation of compliance for 3 of 3 staff (Staff A, B, C).

Findings:

An employee records review of Staff A, B and C's file was completed on at 11:30 AM. The employee files revealed no evidence of an attestation of compliance form.

An interview was conducted on at 11:40 AM with the Home Manager. The Home Manager stated she did not know that the form was needed in the employee's file, the forms were provided to the employee.

Unclassified