STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932691	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **AT HOME WITH FRIENDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3901 W. PLATT STREET** **TAMPA, FL 33609**	

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 register and maintain the employment status for two of three sampled staff members (Staff A and B).

Findings included:

On at 8:29 am Record review of the Background Screening Clearinghouse Roster revealed no hire date, screening request, or position title for Staff A and B.

On at 8:42 am an interview Staff A revealed that they have worked at the facility for 13 years as a direct care staff. An interview with Staff B revealed they have worked for the facility for 12 years providing direct care.

An attempt to review with the staff was made and they confirmed that their names were not listed at the time of survey.
Administrator was not available for interview by the end of the survey.

Unclassified