STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968540	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **HONOR HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1912 DOVE FIELD PL** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted at Honor House Assisted Living Facility on
Honor House Assisted Living Facility had deficient practice identified at the time of the visit.

(License # 12421)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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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 up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility.

Findings included:

Record review of Agency for Health Care Clearinghouse Employee Roster conducted on revealed that no employees who are currently working at the facility, were included on the Agency for Health Care Clearinghouse Employee Roster.

During an interview with administrator's designee, on at 1:50 P.M., the designee stated that he was not aware of any backgrounds screening employee roster requirement therefore this process has not been completed. The designee also confirmed all staff who provide care to residents. No further documentation was provided at the time of the survey.

(unclassified)