

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966202	(X3) DATE SURVEY COMPLETED R 10/02/2017
NAME OF PROVIDER OR SUPPLIER MARI-MAR MANOR 2	STREET ADDRESS, CITY, STATE, ZIP CODE 493 8th AVENUE NORTH SAINT PETERSBURG, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assited Living Facility An unannounced follow-up visit was conducted for the complaint survey (CCR#2017005457) on at Mari-Mar Manor 2 (License #10437), an Assited Living Facility located in Saint Petersburg, Florida. There were deficiencies identified during the survey. License #10434		

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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 of two employees who participated during survey. Findings included: Review of the AHCA Background Screening Clearinghouse Agency website reveled an absence of the Administrator's name, and Staff A's name on the roster for the provider. During interview with the Administrator, on _____ at 10:19 a.m., she confirmed that neither she or Staff A were listed on the facility's employee roster, and stated that she did not have the password to update the facility employee roster on the AHCA Background Screening Clearinghouse Agency website . Unclassified		