STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966986	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **LOMBARDO HOME (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 71 STREET NW** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state relicensure survey conducted at Lombardo Home Assisted Living Facility on . Lombardo Home Assisted Living Facility had deficient practice identified at the time of the visit.

(License # 11148)

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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 revealed that no employees, currently working at the facility, were included on the Employee Roster reviewed on .

During interview with administrator, on at 9:45 A.M., the administrator stated that she was not aware of any backgrounds screening employee roster requirement and confirmed she has not completed this process yet. Surveyor reviewed the facility active staffing schedule with administrator and confirmed all staff who provides care to residents.

No further documentation was provided at this time.

unclassed