STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966639	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **CLOBRAN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLEAR PLACE** **OCALA, FL 34476**	

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 the employment status of 2 of 3 employees (Staff B and Staff C) within the clearinghouse and failed to document their initial employment status within the Clearinghouse.

Findings:

On a review of the facilities employee clearinghouse roster was conducted. The review revealed only the Administrator was listed on the facilities roster.

During the review of the facilities roster Staff B confirmed he did not observe any employees being listed on the roster.

On at 12:04 pm an interview was conducted with staff B. Staff B confirmed he would have to make sure the administrator updated the facilities roster.

Class III