

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942918	(X3) DATE SURVEY COMPLETED 01/11/2018
NAME OF PROVIDER OR SUPPLIER EASTSIDE CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 152 S EAST DEFENDER DRIVE LAKE CITY, FL 32055	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review the facility failed to register with the clearinghouse and maintain the employment status of 3 of 8 care staff (Staff C, Staff D, and Staff E) reviewed within the clearinghouse. The Facility also failed to make the required updates within 10 business days.

Findings:

On a review of the facility Background Clearing House roster was conducted. The roster revealed 3 of 8 (Staff C, Staff D, Staff E) staff reviewed were not reflected on the agency's electronic website.

On at 10:35 am and interview was conducted with the facility's Administrator. During the interview this surveyor provided the Administrator with a visual observation of the current electronic facility roster. During his observations he confirmed the absence of three care staff. The Administrator stated the facility had recently under gone several staff departures and the roster was not up -to-date.

Unclassified.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2018
FORM APPROVED

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