STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942918	**09/25/2017**
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 record review and interview, the facility failed to maintain a current employee roster within the Background Screening Clearinghouse for 8 of 8 direct care staff. For Staff A, B, C, D, E, F, G, & H.

Findings:

In a review of the facility's Background Screening Clearinghouse on , it was revealed that direct care staff A, B, C, D, E, F, G, & H, who all work in the facility did not appear on the facility's Background Screening Clearinghouse Roster.

On at 1:00 PM in an interview with the administrator, he stated the facility's Background Screening Clearinghouse Roster was not current.

Unclassified