STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967156	**02/05/2018**
NAME OF PROVIDER OR SUPPLIER **EMERALD HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **8717 GREENFIELD LANE** **ZEPHYRHILLS, FL 33541**	

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 not all employees, currently working at the facility, were included on the Employee Roster reviewed on [redacted].

During interview with administrator, on [redacted] at 9:45 A.M., the administrator reviewed the Agency for Health Care Clearinghouse Employee Roster with surveyor and confirmed staff C, and staff D are not listed on current employee roster at this time.

No further documentation was provided at this time.

(unclassed)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

An Abbreviated Biennial with Limited Mental Health Services survey was conducted at Emerald Hills Assisted Living Facility on [redacted]. Emerald Hills Assisted Living Facility had deficient practice at this time of survey.

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