STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968460	**02/16/2018**
NAME OF PROVIDER OR SUPPLIER **ROSA'S CARING MADISON**	STREET ADDRESS, CITY, STATE, ZIP CODE **587 SW BUNKER STREET MADISON, FL 32340**	

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

0000 - Initial Comments

On [redacted], 2018, an unannounced Limited Nursing Services (LNS) monitoring visit was conducted at 587 SW Bunker Street, Madison, Florida. License #12370. The facility currently had no residents receiving LNS services. The facility did have deficient practice related to Core Licensure requirements at the time of the survey.

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on interview and personnel record review, the facility failed to ensure 1 of the 2 employees maintained background screening results and Affidavit of Compliance in employee's personnel file, maintained by the provider.

The findings included:

On [redacted] at approximately 10:00am during a monitoring visit for Limited Nursing Services. A review of the facility's personnel records to include background screening was conducted. Staff Member A's, the Administrator, background screening information was contained in a disorganized personnel folder, but showed her "Eligible." The Administrator was able to produce her Nursing License, but no other information. The Administrator stated that she was not able to locate her background screening information or produce an Affidavit of Compliance.

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

Based on review of the Background Screening Clearinghouse website, the facility failed to ensure that 2 of the 2 employees, including the Administrator, were completely registered and their employment status was maintained on the facility's clearinghouse roster. (Staff A and Administrator).

The findings included:

On [redacted] at approximately 10:00am during a monitoring visit for Limited Nursing Services. A review of the the facility's personnel records were conducted to include background screening. Staff Member A's background screening information was contained in a disorganized personnel folder, but identified the staff was "eligible." The Facility Administrator was able to produce a copy of her Nursing License, but no other information. The Facility Administrator stated she was not able to locate her background screening information or produce an Affidavit of Compliance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968460	**02/16/2018**
NAME OF PROVIDER OR SUPPLIER **ROSA'S CARING MADISON**	STREET ADDRESS, CITY, STATE, ZIP CODE **587 SW BUNKER STREET** **MADISON, FL 32340**	

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

After exiting the survey, the Background Screening Clearinghouse website was accessed. The Administrator's Level II background screening result was checked and confirmed as "Eligible", but failed to identify employment at the Assisted Living Facility. The Clearinghouse indicated employment at a local Nursing Home facility. This prompted review of Staff Member A's Clearinghouse information. Staff Member A's background screening was "Eligible" but failed to identify the status and location of employment.