

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED 03/08/2018
NAME OF PROVIDER OR SUPPLIER SUMMERFIELD SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 17421 SOUTHEAST 109TH TERRACE ROAD SUMMERFIELD, FL 34491	

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 initial employment status and report any changes within 10 business days for 23 of 29 employees reviewed within the Background Screening Clearinghouse (BGS).

Findings:

A Background Clearing House record review of Summerfield Suites was conducted on 03/08/2018. Review of the BGS roster revealed it was incomplete. The BGS roster did not contain the names of twenty three currently employed staff.

An interview with the Administrator was conducted on 03/08/2018 at 1:30 PM. This writer requested to be provided a copy of the current facility roster. The facility Administrator informed this writer she would provide me with a printed employee roster. The Administrator confirmed the facility's BGS roster was not accurate and up-to-date.

The administrator confirmed the absence of Staff B, Staff C, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, and Staff Z. The administrator confirmed the new hire date for all staff to be 03/08/2018.

Unclassified