

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967864	(X3) DATE SURVEY COMPLETED 04/10/2018
NAME OF PROVIDER OR SUPPLIER AVA CARES I	STREET ADDRESS, CITY, STATE, ZIP CODE 3005 BELL SHOALS ROAD BRANDON, FL 33511	
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 who are currently working at the facility, were included on the Agency for Health Care Clearinghouse Employee Roster reviewed on Its was discovered through employee review and interview that staff B was hired on as a caregiver, yet she was not observed on the current background employee roster at this time. On 11:30 a.m. staff B was observed in kitchen prepping food for resident lunch . During interview with administrator on at 10:39 A.M., the administrator stated the office manager was supposed to maintain the background screening employee roster however, this process has not been completed. UNCLASSIFIED		

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0000 - Initial Comments Assisted Living Facility An abbreviated Biennial survey was conducted at Whispering Willows Assisted Living Facility on Whispering Willows Assisted Living had deficient practice identified at the time of the survey. (License # 11841)		