STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968987	R 05/01/2018
NAME OF PROVIDER OR SUPPLIER **ASTORIA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **319 ELDRIDGE AVE** **ORANGE PARK, FL 32073**	

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

0000 - Initial Comments

A follow-up visit to a biennial and complaint survey was conducted at Astoria Assisted Living (License #12871) on . . . . . Astoria Assisted Living had deficiencies at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

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

Based on record review and staff interview, the facility failed to ensure that 2 of 3 terminated employees in the facility's employee roster have a recorded end date on the Agency for Health Care Administrations Background Screening Clearinghouse website.

A review of facility's employee roster revealed that Employee A was listed on the roster, but no end employment date of was shown. The employee information provided by the facility showed Employee A's hire date as . . . , and termination date of . . . . .

A review of facility's employee roster revealed that Employee B was listed on the roster, but no end employment date of was shown. The employee information provided by the facility showed Employee B's hire date as . . , and termination date of . . . . . .

Interview was conducted with Administrator on . . . . at 9:20 am. After reviewing the facility roster on the Agency for Health Care Administration's Background Screening Clearinghouse website, he confirmed that Employee A and B did not have an end date of employment on the facility roster and added, "I don't know how to add the end date on the roster." After the surveyor explained the process, he added the end date for Employee A and B on the facility roster.

Photographic evidence obtained

Unclassified