STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967863	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS, INC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5030 NW 44TH AVENUE** **COCONUT CREEK, FL 33073**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on . . . . . at Rockwell Seniors Inc. II, License #11864. The facility had a deficiency at the time of the visit.

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

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status for 3 out of 4 staff members (Administrator; Staff C; and D).

The findings included:

A review of the current facility's staffing roster that was provided by the Administrator on at 2:00PM, compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 2 current staff members were not registered.
A further review of the facility's Employee Roster Clearinghouse Background Screening revealed that 1 staff member, no longer employed by the facility does not have an end date of employment listed.

1-Administrator hire date - not registered
2-Staff C hire date . . . . . - not registered
3-Staff D hire date - no longer employed no end date

During an interview with Administrator at 2:30pm on , the findings acknowledged and confirmed.

Class III