

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953175	(X3) DATE SURVEY COMPLETED C 04/09/2018
NAME OF PROVIDER OR SUPPLIER THE HARBOR HOUSE OF Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 12080 S.W. HIGHWAY 484 DUNNELLON, FL 34432	

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

0000 - Initial Comments

On April 9, 2018, an unannounced complaint # 2018001397 survey was conducted at The Harbor House at Ocala Assisted Living Facility (license # 8142), Dunnellon, FL. Deficient practice was identified at the time of survey.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to ensure that 1 staff member (staff A) was entered on the facility's employee roster with AHCA Background Screening Clearinghouse Website. Findings: On 04/09/2018, a record review of the facility's employee roster with AHCA Background Screening Clearinghouse Website revealed that direct care staff A (date of hire: 02/19/2018) was not listed on the employee roster. At approximately 3:25 PM on 04/09/2018, an interview was conducted with the administrator, who confirmed that staff A was not included in the employee roster with AHCA Background Screening Clearinghouse Website. Unclassified		