STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966240	R **06/18/2018**
NAME OF PROVIDER OR SUPPLIER **ABIGAIL (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 SOUTH DELAWARE** **TAMPA, FL 33606**	

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 updated employee roster in the Agency background-screening clearinghouse for two (Staff C and Staff F) of four employees selected for review.

Findings included:
Review of the AHCA Background Screening Clearinghouse Agency website reveled an absence of Staff C and Staff F's name on the roster for the provider.

On at 01:21 p.m. assistant administrator stated that Staff C no longer worked at the facility. Assistant Administrator stated Staff F was not added to the Facility Roster because she was training.

On at 01:35 p.m. Assistant Administrator confirmed that Staff F worked at the facility as Cook/Dietary. Assistant Administrator confirmed that Staff F was not listed on the Facility roster. Further search revealed that Staff F was listed for facility roster at another assisted living operated by the same Administrator.

Unclassified