

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964934	(X3) DATE SURVEY COMPLETED R 06/18/2018
NAME OF PROVIDER OR SUPPLIER CABOT RESERVE ON THE GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4450 8TH STREET SARASOTA, FL 34232	

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

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

Based on a review of 3 (Staff N, O, and P) of 4 new staff hired since the last survey and interview with administrative staff, the facility failed to ensure the clearinghouse roster was kept up to date as required.

The findings included:

A review of the clearinghouse roster was performed. Staff N was hired on , Staff O was hired on and Staff P was hired on . A review of the clearinghouse roster revealed none of these staff were listed on the roster.

On at 2:19 p.m., the assistant director said she was unaware of the need to update the roster within 10 days of the date of hire.

Unclassified