STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968529	**10/15/2018**
NAME OF PROVIDER OR SUPPLIER **BELLA ROSE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 W YUKON ST** **TAMPA, FL 33604**	

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 up-to-date Background Screening Clearinghouse Roster for 3 (Staff B, C and Owner) of 3 staff selected for review.

The findings included:

Review of the Agency for Health Care Administration Clearinghouse Employee Facility Roster, conducted on . . . , revealed that the Owner was not included on the Agency for Health Care Administration Clearinghouse Employee Facility Roster and that Staff B and C, who no longer work at the facility, had no end date on the Agency for Health Care Administration Clearinghouse Employee Roster.
(Photographic Evidence Obtained)

During an interview with the Owner conducted on . . . at 11:05 a.m., the Owner confirmed the absence of his name, and staff's (B and C) not having an end date on the Agency for Health Care Administration Clearinghouse Employee Facility Roster. The Owner stated "staff B and C don't work here anymore, I have to update the roster when I get access to it."

Unclassified

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0000 - Initial Comments

Assisted Living Facility

On [redacted], a monitoring survey for resident well-being was conducted at at Bella Rose Assisted Living Facility (ALF.)
At the time of the survey, the facility had deficiencies.

(License# 12409)