STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968705	R **11/09/2018**
NAME OF PROVIDER OR SUPPLIER **SANTA SUSANA ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11407 LARKWOOD WAY** **TAMPA, FL 33625**	

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 one (Staff B) of three employees selected for record review.

Findings included:

Review of the Agency For Healthcare Administration Background Screening Clearinghouse Agency website on . . . . . revealed Staff B on record as an employee/staff person.

During interview conducted with the Administrator on 11/09/2018 at 11:41 a.m., the Administrator reviewed the Agency For Healthcare website and confirmed Staff B was hired on as a caregiver, however Staff B doesn't work at the facility anymore, she moved to another state over three months ago.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A revisit to a biennial licensure survey was conducted at Santa Susana Assisted Living Facility on . Santa Susan Assisted Living Facility had deficient practice identified at the time of the survey.

(License #12568)