STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	**12/04/2018**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1650 NE 62ND STREET** **FORT LAUDERDALE, FL 33334**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on . . . . at Annie's Retirement Home, License #8184. The facility had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status for 2 out of 5 staff members; (Staff C; and D).

The findings included:

During a record review with the Administrator, on at 9:20 AM, of the facility's employee roster compared to the Clearinghouse Background Screening revealed it was not current and accurate.

a) Staff C hire date of . . . . .

b) Staff D hire date of . . . . without end date of . .

The Administrator was present during the survey and confirmed the findings.

Unclassified