| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968495** | R<br>**01/03/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**AMERICAN HOUSE OF ZEPHYRHILLS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**38130 PRETTY POND RD**<br>**ZEPHYRHILLS, FL 33540** | |

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

**Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on record review and interview, the facility failed to obtain a current, updated attestation of compliance with background screening (Attestation Statement) for one (Staff A) of two employee records reviewed.

Findings included:

A review of employee records conducted on . . . showed that Staff A had an updated Level 2 background screening with its eligibility status dated . The review of Staff A's record showed no updated Attestation Statement.

The business office manager was interviewed at 5:18 PM on . . . and they stated that Staff A worked in the facility on weekends. The business office manager was shown Staff A's record and they acknowledged that Staff A had not completed a current Attestation Statement.

Unclassified