STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966806	**01/16/2019**
NAME OF PROVIDER OR SUPPLIER **YUDITH'S ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4415 WEST JEAN ST** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial relicensure survey was conducted at Yudith's Assisted Living Facility II (Lic. #10958). Deficient practice was identified during the survey.

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the personnel files for three of three employees sampled (A-C) did not include an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, .

Findings include:

A review of the personnel records for Staff A, B, and C during the survey found that none of them included an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, . Further record review indicated that Staff A, B and C were hired , , and , respectively. Interview with the administrator and owner at 12:30pm on confirmed that none of the staff had obtained the AHCA Form 3100-0008 document.

Unclassified