STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969136	**01/28/2019**
NAME OF PROVIDER OR SUPPLIER **C&V ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **6005 N CAMERON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial survey was conducted at C & V Assisted Living Facility Corp. on . C & V Assisted Living Facility Corp had deficient practice identified at the time of the survey.

License: 12961

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 D) of three employees selected for record review.

Findings included:

Review of The Agency For Healthcare Administration Background Screening Clearinghouse Agency website, on showed staff D on record as an employee/staff person.

During interview conducted with the administrator on at 9:25 a.m., the administrator reviewed the Agency Website and confirmed staff D was hired on as a caregiver, however staff D doesn't work at the facility anymore, staff D's last day worked was .

UNCLASSIFIED