STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **TITUSVILLE TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 INDIAN RIVER AVENUE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted at Titusville Towers Assisted Living Facility on , , . A deficiency was identified at the time of the visit.

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

Based on review of the facility's online background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 1 of 4 sampled staff (C) within 10 business days of a change.

Findings:

Caregiver C was hired on . Her personnel record contained an eligible background screening dated .

Review of the facility's online background clearinghouse employee roster on at 12:28 p.m. revealed she was not listed.

At 1:45 p.m. the human resource director confirmed the findings.

Photographic evidence obtained.

Unclassified