

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967652	(X3) DATE SURVEY COMPLETED 08/17/2017
NAME OF PROVIDER OR SUPPLIER CLARIDGE HOUSE AT THE BRIDGES (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 11202 DEWHURST DRIVE RIVERVIEW, FL 33569	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced biennial re-licensure survey with Extended Congregate Care (ECC), was conducted on at The Claridge House at the Bridges (License #11670), an Assisted Living Facility, located in Riverview, Florida. There was a deficiency identified at the time of the visit. (License # 11670)		

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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 four (Administrator, Staffs D, E and F) of four employees selected for record review.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website reveled there were no employees listed employee roster for the provider.

Record review revealed dates of hire for the following sampled employees: Administrator, ; Staff D, ; Staff E, ; and Staff F, . None of the sampled employees were listed on the employee roster.

During the entrance interview conducted on at 9:05 AM, when asked about the employee roster on the background screening website, the Director of Resident Care responded that she did not know what that was.

During a telephonic interview on at 4:39 PM, when advised of the incomplete employee roster, the Administrator stated she did not know the employee roster was a requirement.

Unclassified