Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968979	A. BUILDING: _____ B. WING _____	R 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACH HOUSE NAPLES ASSISTED LIVING & I	1000 AIRPORT PULLING RD S NAPLES, FL 34104

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{A 000}	Initial Comments A revisit survey to the relicensure, limited nursing services, emergency power plan monitoring and health facility reporting system survey was conducted at Beach House Naples on through . This survey was completed in conjunction with a new complaint and a revisit survey. Deficiencies were identified at the time of the survey.	{A 000}		
{A 010} SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who	{A 010}		

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requires the use of assistive devices.
(c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney

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in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.

(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care,

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or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.
(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily

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{A 010}	Continued From page 4 living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure residents have a -to-medical examination by a health care practitioner with results recorded on the Agency for Health Care Administration (AHCA) Form 1823 after a significant change for one (Resident #24) of 3 resident records reviewed. The findings included: On , record review for Resident #24, revealed documentation of a Hospice Comprehensive Assessment and Plan of Care Update Report that indicated Resident #24 started on Hospice Care services on . Further record review for Resident #24 revealed documentation of the AHCA Form 1823 dated . There was no documentation on the AHCA Form 1823 that Resident #24 was a Hospice resident or received Hospice services. There was no updated AHCA Form 1823 located in Resident #24's file, after the resident became a hospice patient. On at 10:13 a.m., during an interview, the Director of Wellness (DOW) said that enrolling and reserving hospice services is a serious change in condition and the Resident's 1823 Form should be updated after an addition to Hospice. The DOW said that if they are not, we are definitely out of compliance.	{A 010}		

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{A 010}	Continued From page 5 On at 2:45 p.m., during an interview, the Regional , said Hospice is a significant change and the 1823's needed to be updated at that time. Class III .	{A 010}		
{A 052} SS=E	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	{A 052}		

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{A 052}	Continued From page 6 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	{A 052}		

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{A 052}	Continued From page 7 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the	{A 052}		

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{A 052}	Continued From page 8 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility staff failed to perform hygiene for 3 (Resident #14, Resident #22, Resident #23) out of 3 residents observed and	{A 052}		

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failed to correctly assist with self-administration of medication to 1 (Resident #14) out of 3 residents observed, for medication pass.

The findings included:

On at 10:05 a.m., during observation of a medication pass, Medication Technician (MT) Staff O provided , , 25-100mg ('s), 500 mg ( ), 50 mg (high ,), , 25 mg (high ,), Powder, and , , 10 mg ( ) to Resident #22. MT Staff O failed to perform hygiene before, during, and after medication pass.

On at 10:15 a.m., during observation of a medication pass, Medication Technician (MT) Staff O provided 20 mg ( ), Fish Oil 1000 mg (supplement), , 30 mg (,), 1000 mg ( ), , 25 mg (rhythm), Rosuvastatin 40 mg ( ), 5 mg ( ), and D3 (supplement) to Resident #23. MT Staff O failed to perform hygiene before, during, and after medication pass.

On at 10:24 a.m., during an interview, MT Staff O said that for Resident #14, we always have to put the pills in apple sauce and feed her the medications directly.

On at 10:25 a.m., during a medication pass, MT Staff O was observed to provide 50 mg ( ), , 0.5 mg ( ), , 25 mg (rhythm), and 40 mg ( ) in a cup with a

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{A 052}	Continued From page 10 dollop of apple sauce to Resident #14. MT Staff O proceeded to take a spoon and mix the pills with the apple sauce. MT Staff O then placed the mixture directly in the of Resident #3 with the spoon. MT Staff O failed to perform hygiene before, during, and after medication pass. On at 10:45 a.m., during an interview, MT Staff O said that she always feeds Resident #14 the medication and has been for about 6 months. MT Staff O said we always have to put the pills in apple sauce and feed her the medications directly. MT Staff O said that she knows that it is not right and against regulations to do this, but if we don't then the resident will just spit out the medications, so we have no choice. She said that she had spoken with the nurse about it. The MT said that she should have sanitized her between each resident and understood that she is supposed to. On at 10:13 a.m., during an interview, the Director of Wellness said that absolutely it is against regulation to not sanitize between residents as part of the medication pass. He stated, "They know". As for direct administration, he said only licensed personnel can directly administer medications and med techs are not licensed, so they should not be doing that. On , during record review, it was shown that Resident #14's AHCA Resident Health Assessment Form 1823 dated indicated Resident #14 needs assistance with self-administration of medication.	{A 052}		

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{A 052}	Continued From page 11 On at 2:45 p.m., during an interview, the Regional said that the Director of Health and Wellness had talked with the nursing staff about the medication pass issues and she said that there is a disconnect that will be figured out. She acknowledged the lack of sanitization and the direct administration of medications by unlicensed staff. Class III .	{A 052}		
{A 078} SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of	{A 078}		

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{A 078}	Continued From page 12 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.	{A 078}		

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{A 078}	Continued From page 13 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that within 30 days of employment, staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable for 1(Staff II) out of 3 records reviewed. The findings included: On , record review of employee files revealed that Caregiver Staff II had a hire date of . Staff II's employee file contained no documentation of freedom of signs/symptoms of communicable signed by the healthcare provider. On at 12:09 p.m., during an interview, the Business Office Manager (BOM) said that she was not sure about the communicable statement and thought that the documentation would be good enough. The BOM acknowledged the need for the one time additional statement from a healthcare provider in the employee file. On at 2:45 p.m., during an interview, the Regional , said that the issues with the communicable statements have been addressed with the BOM, she acknowledged that they were concerns and they were not in compliance with the regulations. Class III	{A 078}		

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	AL11968979	A. BUILDING: _____ B. WING _____	R 03/17/2026

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{A 078}	Continued From page 14	{A 078}		
{A 083} SS=F	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure a staff member with valid First Aid and , ( ) certification was scheduled in the facility at all times. Failure to do so creates an environment of increased risk to resident safety. The findings included: On , during employee record review it was	{A 083}		

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{A 083}	Continued From page 15 revealed:: Medication Technician (MT) Staff A had a hire date of . No valid First Aid was present for this staff. MT Staff B had a hire date of . No valid First Aid or was present for this staff. MT Staff D had a hire date of . No valid First Aid or was present for this staff. MT Staff I had a hire date of . No valid First Aid was present for this staff. MT Staff J had a hire date of . No valid First Aid or was present for this staff. MT Staff K had a hire date of . No valid First Aid or was present for this staff. MT Staff L had a hire date of . No valid First Aid or was present for this staff. MT Staff M had a hire date of . No valid First Aid or was present for this staff . MT Staff N had a hire date of . No valid First Aid was present for this staff. Resident Assistant ( ) Staff O had a hire date of . No valid First Aid or was present for this staff. MT Staff P had a hire date of . No valid First Aid or was present for this staff. Staff Q had a hire date of . No valid First Aid or was present for this staff.	{A 083}		

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{A 083}	Continued From page 16 Staff R had a hire date of . No valid First Aid or was present for this staff. Staff S had a hire date of . No valid First Aid or was present for this staff. Staff T had a hire date of . No valid First Aid or was present for this staff. Staff U had a hire date of . No valid First Aid or was present for this staff. Staff V had a hire date of . No valid First Aid was present for this staff. Staff W had a hire date of . No valid First Aid or was present for this staff. MT Staff X had a hire date of . No valid First Aid was present for this staff. MT Staff Y had a hire date of . No valid First Aid was present for this staff. MT Staff Z had a hire date of . No valid First Aid was present for this staff. Staff AA had a hire date of . No valid First Aid or was present for this staff. Staff BB had a hire date of . No valid First Aid or was present for this staff. Staff CC had a hire date of . No valid First Aid or was present for this staff. Staff DD had a hire date of . No valid First Aid or was present for this staff. Staff EE had a hire date . No valid	{A 083}		

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{A 083}	Continued From page 17 First Aid or was present for this staff. Staff FF had a hire date of . No valid First Aid was present for this staff. Staff GG had a hire date of . No valid First Aid or was present for this staff. Staff HH had a hire date of . No valid First Aid or was present for this staff. Staff JJ had a hire date of . No valid First Aid or was present for this staff. Staff KK had a hire date of . No valid First Aid was present for this staff. Review of the Direct Care Staff Schedule revealed the lack of First Aid and on the following dates and shifts: On , the facility did not have a staff member with and First Aid certification from 7:00 p.m. to 10:00 p.m. during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification from 7:00 p.m. to 10:00 p.m. during the 2:00 p.m. to 10:00 p.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift.	{A 083}		

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{A 083}	Continued From page 18 On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , the facility did not have a staff member with and First Aid certification during the 10:00 p.m. to 6:00 a.m. shift. On , at 10:13 a.m., during an interview, the Director of Wellness (DOW) acknowledged they definitely didn't have anyone trained in and First Aide on those nights in question. He said that he didn't realize that Basic Life Support (BLS) training did not include first aid. The DOW acknowledged that they are not in compliance still with the / First aid. Class III .	{A 083}		

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{ZZ816}	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ˘ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ˘ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ˘ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ˘ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ˘ , to the Federal Bureau of Investigation for a national criminal history record check. The ˘ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ˘ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	{ZZ816}		

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{ZZ816}	Continued From page 1	{ZZ816}		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any

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{ZZ816}	Continued From page 2	{ZZ816}		

disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations.
(e) An administrator or chief financial officer must be screened and qualified prior to , , to the position.
(3) Results of Screening and Notification.
(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.
(b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.

This Statute or Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to ensure and maintain documentation of a signed affidavit of compliance as part of background screening requirements for 1 (Staff KK) out of 3 staff records reviewed.

The findings included:

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{ZZ816}	Continued From page 3 Record review of employee files revealed Caregiver Staff KK had a hire date of . Staff KK's employee file contained no documentation of a signed Attestation of Compliance with Background Screening Requirements Form 3100-008 as part of the background screening requirements. On at 12:09 p.m., during an interview, the Business Office Manager (BOM) said that she couldn't believe that the attestation was not signed and that it was overlooked. On at 2:45 p.m., during an interview, the Regional , said that the issues with the attestation statements have been addressed with the BOM and acknowledged that there were concerns that they were against regulations. Unclassified .	{ZZ816}		