STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	**02/16/2017**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

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 background screening clearinghouse.

Findings included:

A review of the employee background screening roster was conducted on . The current employees, nor the administrator are included in the clearinghouse.

An interview was conducted with the administrator on at 10:08am. In interview the administrator stated they did not know what the background screening clearinghouse was or how to do it.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure the administrator and 2 employees (#B and #C) who provide direct care to the residents have a level II background screening.

Findings included:

A review of the administrator's record was conducted on . In review of the administrator's record their level II background screening was last conducted on . Their level II background screening expired on .

An interview was conducted with the administrator on at 10:08am. They stated they were not aware they had to get a new background screening every 5 years.

A review of staff #C record was conducted on . In review of staff #C's record it did not contain a level II background screening.

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

An interview was conducted with the administrator on . . . at 4:58pm. The administrator stated they guess staff #C did not have a level II background screening. They stated staff #C did in fact provide direct resident care.

An attempt was made to review the record for staff #B on . No record was found in the facility for staff #B. No level II background screening was conducted for staff #B.

An interview was conducted with the administrator on . . . at 4:58pm. In interview the administrator stated there was not a file in the facility for staff #B. The administrator stated staff #B does provide direct resident care and does not have a level II background screening.

Unclassified

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, a complaint survey, (CCR# 2016041777), in conjunction with a biennial state licensure survey was conducted at Park Place Assisted Living. Deficiencies were found during the visit.

(License # 8284)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 2 of 3 (#A and #B) staff who provide direct care to residents received a minimum of a 1-hour training in recognizing and reporting resident , neglect and , .

Findings included:

A record review was conducted for staff #A, who provides direct resident care. No hire date was available. In review of staff #A's record there was no documentation of having the required 1-hour training in recognizing and reporting resident , neglect and , .

A record review was conducted for staff #B, who provides direct resident care. No hire date was available. In review of staff #B's record there was no documentation of having the required 1-hour training in recognizing and reporting resident , neglect and , .

An interview was conducted with the administrator on at 4:58pm. The administrator stated staff #B did not have a file in the facility. They stated staff #A did have the training but did not have documentation of it in the facility.

Class III