STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	**03/13/2017**
NAME OF PROVIDER OR SUPPLIER **CRYSTAL BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 CRYSTAL COVE LANE** **DESTIN, FL 32541**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview, the facility failed to ensure staff employee files contained a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F.S. for 1 of 3 sampled employees. (employee A)

The findings include:

Review of employee A's (Licensed Practical Nurse) file revealed a hire date of . The file contained an Affidavit of Compliance with Background Screening Requirements but the form was not signed or dated. An interview was conducted with the Business Office Manager (BOM) on at approximately 11:07 AM. The BOM confirmed the form was not signed or dated and she did not know why the form was not complete.

Unclassified