STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	R **04/07/2017**
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)

0000 - Initial Comments

Assisted Living Facility

On a revisit to a complaint survey, (CCR# 201601477) in conjunction with a revisit to a biennial and a new complaint survey (CCR# 2017002566). Uncorrected deficiencies were identified at the time of the visit.

(license# 8284)

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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 background screening clearinghouse.

Findings included:

A review of the employee background screening roster was conducted on . Staff #C was not included in the clearinghouse.

An interview was conducted with the administrator on . 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 that Staff #C who provides direct care to the residents have a level II background screening.

Findings included:

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.

In review of the background screening clearinghouse, it revealed that a level II background screening was in process for staff #C.

In interview with the administrator, they stated staff #C did in fact go get fingerprinted and have a new background screening but they did not have any documentation of it.

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Unclassified