STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968910	**06/29/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS AT PONTE VEDRA ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 SOLANA RD** **PONTE VEDRA, FL 32082**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR #2017003593) was conducted at Palms At Ponte Vedra (Lic # 12734) on . . . . . . Deficient practice was identified during the survey.

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that a completed roster was created and maintained on the Agency's Background Screening Clearinghouse website.

The findings include:

During a review of the facility's employee roster on the Agency's website on , it was discovered that the roster was blank, with no employees listed.

A follow up interview was conducted with the Business Office Manager and Administrator on . . . . . at 10:20 AM, they confirmed the roster was not done and were unaware of the requirement.

Unclassified