

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969247	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER SWEETWATER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 PAN AMERICAN BLVD NORTH PORT, FL 34287	
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 one of two personnel records reviewed and staff interview, the facility failed to ensure Staff B's background screening was up to date.

The findings included:

A review of Staff B's personnel record showed a background screening completed on A review of her application showed there was no prior employment documented.

On at 11:50 a.m., the administrator said Staff B was hired a couple of months ago. He reviewed her application and agreed there was no prior employment and her background screening was not up to date.

Class III