STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910608	R **08/09/2017**
NAME OF PROVIDER OR SUPPLIER **PEMBROOK PLACE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1623 ROBINHOOD LANE** **CLEARWATER, FL 33764**	

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

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

Based on interview and record review, the facility failed to maintain a list of employees with Level II background screens on the facility's employee roster.

Findings included:

A record review of the employee roster in the Background Screen Clearinghouse on 8/9//17 revealed that the Administrator and employees A and B were not showing as listed on the roster.

An interview was conducted with the Administrator at 10:15am on 8/9//17 concerning the lack of the three employees being entered in to the employee roster in the BGS Clearinghouse. The Administrator stated that her son was asked to make the correction. She will contact him to find out why he has not completed this.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

A revisit to complaint survey, (CCR# 2017002482), was conducted at Pembrook Place II on . Pembrook House II had a uncorrected deficiency at the time of the visit.

(License # 7581)