

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968087	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING OF PARKLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 7768 NW 71ST WAY PARKLAND PARKLAND, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced re-licensure survey was conducted on _____ at Assisted Living of Parkland, License #12028. The facility had deficiencies at the time of the visit. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on interview and record review, it was determined the facility failed to ensure that each staff member within 30 days after beginning employment, must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____, including _____, for 1 of 7 sampled staff records (Staff D). The findings included: During employee record review on _____, there was no documentation from a health care provider for the following staff member that indicated this individual does not have signs or symptoms of communicable _____, including _____: 1) Staff D with a date of hire noted as _____ (last one found is dated _____). During an interview conducted with the Administrator at 2:45 pm on _____, she acknowledged and confirmed the findings. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 3 out of 7 staff members (Administrator, Manager, and Staff D). The findings included: A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on _____, 2017 at 9:30 am compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 3 current staff members were not registered. The following 3 Staff Members currently employed are Not Registered on the Employee Roster Clearinghouse Background Screening included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2017
FORM APPROVED

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1) Administrator hire date of 2) Manager hire date of 3) Staff D hire date of A further review of the facility's Employee Roster Clearinghouse Background Screening revealed that 1 staff member, who no longer is employed by the facility, does not have an end date of employment listed. The following staff member is no longer employed by the facility and does not have an end date on the Employee Roster Clearinghouse Background Screening: 1) Staff E (hire date of) No longer employed - no end date. In an interview, conducted with the Administrator, at 2:45 pm on, she acknowledged and confirmed the findings. Class III Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on interview and record review, it was determined the facility failed to ensure that each staff member must have proof of a Level 2 background with eligible results prior to employment and maintain employee personnel records, for 1 out of 7 (Staff D) sampled staff records. The findings included: During employee record review on, there was no documentation that a Level II background screening was completed with eligible results prior to employment for Staff D with a date of hire noted as Review of the background screening website on, revealed Staff D file does not show the employee eligible, show "Pending". In an interview conducted on with the Administrator at 2:45 pm on, she acknowledged and confirmed the findings. Class III		

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