STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	**08/29/2017**
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

0000 - Initial Comments

On , 2017 an unnanounced biennial licensure survey with ECC and LMH monitoring was conducted at Pine Crest Manor (License #7613). 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 4 of 4 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A's personnel file revealed an eligible level II background screening dated .

A review of Employee B's personnel file revealed an eligible level II background screening dated .

A review of Employee C's personnel file revealed an eligible level II background screening dated .

A review of Employee D's personnel file revealed an eligible level II background screening dated .

A review of the Agency for Health Care Administration's background screening website on at 1:15 PM revealed that the facility had not added the names of Employee A, B, C or D to the facility employee roster.

During an interview with the Administrator on at 1:20 PM she said she was aware of the Agency for Healthcare Administration employee roster. She said she would update the employee roster

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as soon as she learns how to sign in and make the changes.

Photo evidence obtained.

Unclassified