STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **GREENLEAF ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **509 W. VERONA STREET** **KISSIMMEE, FL 34741**	

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

0000 - Initial Comments

Re-licensure survey with Limited Nursing Services (LNS) was conducted on . Green Leaf Assisted Living Facility license #8051 had a deficiency found at the time of the visit.

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review, Agency website review and interview, the facility failed to ensure that 1 of 5 sampled staff was in compliance with background screening requirements. (#B)

Findings:

Personnel record review for Staff #B (hired) had a background screen result in her record indicating she was eligible to work dated .

Review of the Agency website on at 2:00 PM, revealed, "a new screening is required." The last screening for Staff #B was over 5 years ago.

In an interview with the administrator on at 2:30 PM, she stated she did not realize staff B needed a new background screening.

Unclassified