

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967857	(X3) DATE SURVEY COMPLETED 10/17/2017
NAME OF PROVIDER OR SUPPLIER BRENTWOOD SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility Two complaint investigations, (CCR# 2017009771 & CCR# 2017009204) were conducted at Brentwood Senior Living, Assisted Living Facility, on . Deficient practice was identified at time of the visit. (License # 11812)		

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

Based on record review and interview the facility failed to register and maintain the employment status for two of three sampled staff members (Staff A and Administrator).

Findings include:

Record review of the Background Screening Clearinghouse Roster revealed no hire date, screening request, or position title for Staff A and administrator.

On at 2:19 pm an interview with Staff A revealed that Staff A has worked at the facility since as a health and wellness director.

An interview with the administrator at 1:10 pm on confirmed the clearinghouse roster is to be updated regularly and that Staff A nor the administrator were listed at the time of survey. Administrator was not available during the exit interview.

Class III