STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	**06/19/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BLUEWATER BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1551 MERCHANTS WAY** **NICEVILLE, FL 32578**	

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

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

Based on staff interview and record review, the facility failed to ensure that all employees were registered on the background screening clearinghouse roster within 10 days of initial employment for 1 of 3 staff sampled (Employee B).

Findings include:

The facility's list of employees and hire dates was reviewed. Staff B, a direct care licensed practical nurse, was hired on . The roster within the background screening clearinghouse was reviewed and did not have staff B listed as an employee.

An interview was conducted with the Executive Director on at 12:30 PM. She confirmed the hire date of staff B and after reviewing the facility's roster within the clearinghouse, confirmed staff B was not on the roster.

Unclassified