STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968950	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **BRENDLYN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **81 BUTTONWORTH DR** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

On 11/2 and a biennial relicensure survey was conducted at Brendlyn Assisted Living (License #12780). Deficient practice was identified during the survey.

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

Based on a review of employee records, and interview with staff, the facility failed to obtain a new Level 2 background screening prior to hire following a 90 or more day break in employment for 1 of 4 employees (Employee B) whose files were reviewed.

The findings included:

A review of personnel records revealed Employee B was hired as a Resident Aide. Employee B had an AHCA Level 2 background screening clearance dated . Further review of the file revealed an employment application (dated) which noted Employee B last worked in a facility requiring an AHCA Level 2 background clearance in . Because Employee B had one and a half years break in employment in a position requiring an AHCA Level 2 clearance, the facility was required to obtain a new screening prior to her hire.

An interview was conducted with the Administrator on 11/ at 11:30 am. She reviewed the personnel file, then telephoned Employee B at 11:35 am. Employee B confirmed her break in employment prior to hire by the facility. The Administrator confirmed Employee B was required have a new Level 2 screening prior to hire.

Unclassified