STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964794	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2575 HARRISON AVENUE** **PANAMA CITY, FL 32405**	

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

0000 - Initial Comments

An unannounced abbreviated Biennial licensure survey with Limited Nursing Services was conducted at Brookdale Panama City Assisted Living (license # 9293) on . . . . - . . . . . Deficient practice was identified at the time of the survey.

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

Based on record review and staff interview, the facility failed to update the employee roster in the Background Screening Clearinghouse within 10 business days for 5 of 10 sampled employees. (Employees B, C, D, E, and F)

The findings included:

Review of the employee files revealed the following hire dates for employees:

Employee B was hired on .
Employee C was hired on . . . .
Employee D was hired on .
Employee E was hired on . . . . .
Employee F was hired on .

Review of the background screening clearing house was conducted with the facility Administrator on . . . . at approximately 11:58 AM. The Administrator observed and confirmed employees B, C, D, E, and F were not added to the roster. She revealed that either herself or her assistant were responsible for updating the roster.