STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	**01/25/2018**
NAME OF PROVIDER OR SUPPLIER **MATHISON RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3637 WEST HIGHWAY 390** **PANAMA CITY, FL 32405**	

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

0000 - Initial Comments

An unannounced biennial licensure survey with limited nursing services was conducted at Mathison Retirement Center, license #9945, in Panama City FL on . . . . . At the time of the survey, deficient practice was identified.

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interviews, the facility failed to ensure staff employee files contained a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F.S. for 1 of 6 sampled employees (employee A).

The findings include:

Review of employee A's file (licensed practical nurse) revealed no evidence of a signed affidavit of compliance with background screening requirements. An interview was conducted with the business office manager on . . . . . at 1:15 PM. The business office manager stated the facility was not able to locate the document for employee A.

An interview was conducted with the Administrator on at 1:44 PM. The Administrator stated they had looked everywhere and were not able to locate the signed form for employee A.

Unclassified