

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966445	(X3) DATE SURVEY COMPLETED R 10/06/2017
NAME OF PROVIDER OR SUPPLIER CRYSTAL GEM MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10845 WEST GEM STREET CRYSTAL RIVER, FL 34428	

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

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

Based on record review and interview, the facility failed to ensure 1 facility staff (Staff G) of 3 facility staff reviewed for background screening compliance completed the Attestation of Compliance with Background Screening Requirements as required.

Findings:

Record review of Staff G's (date of hire) personnel file failed to reveal documentation Staff G had completed the Attestation of Compliance with Background Screening Requirements as required .

During interview on at 11:11 AM, the facility Assistant Administrator confirmed Staff G's personnel file did not contain documentation Staff G had completed the Attestation of Compliance with Background Screening Requirements as required.

Class III