STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	**01/24/2018**
NAME OF PROVIDER OR SUPPLIER **BARTRAM LAKES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6209 BROOKS BARTRAM DR BLDG 200** **JACKSONVILLE, FL 32258**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017013227) and an ECC (extended congregate care) survey were conducted at Bartrum Lakes Assisted Living (State License #12426) on , 2018. Bartram Lakes Assisted Living had deficiencies at the time of the complaint investigation and ECC survey.

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

Based on record review and interview, the facility failed to ensure that 1 of 3 employees were listed on the facility's employee roster on the AHCA (Agency for Health Care Administration) background screening website.

The findings include:

The personnel file of Employee C revealed an eligible level II background screening dated with an initial hire date of .

A review of the Agency for Health Care Administration's background screening website on revealed Employee C was not listed on the AHCA Roster.

The Director of Nursing on at 12:56 PM confirmed Employee C was not on the roster at the time of the survey.

Photographic Evidence Obtained

Unclassified