STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	**02/19/2018**
NAME OF PROVIDER OR SUPPLIER **BUCKINGHAM SMITH ASSISTED LIVI**	STREET ADDRESS, CITY, STATE, ZIP CODE **169 MARTIN LUTHER KING AVENUE SAINT , FL 32084**	

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

0000 - Initial Comments

On , 2018 a biennial relicensure survey with Limited Nursing Services was conducted at Buckingham Smith Assisted Living (License #9867). Deficient practice was identified during the 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 4 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 D revealed an eligible level II background screening dated and has been continuously employed by the facility since furture date. Employee D is not listed on the AHCA Level II online Roster.

A review of the AHCA background screening website on at 1:15 PM revealed that Employee D is not listed on the employee roster for the facility.

During an interview with the Director of Nursing and the Administrator at 1:15 PM on they agreed the name of Employee D is not listed on the AHCA background-screening site.

Unclassified