STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964944	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **SHADY ACRES ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 COUNTY ROAD 782** **WEBSTER, FL 33597**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure a Level II background screen was completed for 1 of 4 personnel records reviewed, Staff #4.

Findings:

Record review of the Level II Background Screen for Staff #4, Administrator showed "A New Screening Is Required."

During an interview on at 3:58 PM with the Administrator she stated, "I didn't even notice my background screen said that. I don't understand. It is the same one that I have used for the last four years, and no one else has said anything about it. I will check and get the right one to you. I know I am due this year by . I will get it to you now." No additional information was provided as of at 12:42 PM.

Unclassified