STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	**03/27/2018**
NAME OF PROVIDER OR SUPPLIER **EMERALD GARDENS INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2159 MCMULLEN BOOTH ROAD** **CLEARWATER, FL 33759**	

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 records review and interview, the facility failed to ensure that all staff members having contact with residents had a Level II background screening every five years for 1 of 4 staff members (Staff A).

Findings Included:

A staff records review was conducted on . The facility showed that Staff A was on the caregiving staff schedule for the date . Staff A's record was reviewed and it was revealed that Staff A's Level II background screening was dated and Staff A had not had an updated screening.

In an interview with the Administrator at 10:45am on , the Administrator stated that the facility was unaware that Staff A's Level II background screening had expired. The Administrator confirmed Staff A was scheduled to work at the facility.

UNCLASSIFIED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on .

The Emerald Gardens Inc., Assisted Living Facility /License #9997, had a deficiency at the time of this visit.