STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912083	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **SHADY GLEN I**	STREET ADDRESS, CITY, STATE, ZIP CODE **659 EAST ORANGE STREET** **TARPON SPRINGS, FL 34689**	

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 2 of 2 employees (the Administrator and Staff A) received Level 2 background screenings every five years as required.

Findings Included:

A review of the Administrator's records conducted on revealed that the Administrator had worked at the facility since . The facility's Employee Background Clearinghouse Roster indicated that the Administrator's most recent Level II screening was dated . The most recent Level II background screening on file at the facility had was dated .

A review of the Staff A's records conducted on revealed that the Staff A had worked at the facility since . The facility's Employee Background Clearinghouse Roster indicated that the Staff A's most recent Level II screening was dated . The most recent Level II background screening on file at the facility had was dated .

In an interview with the Administrator at 11:00 am on , the Administrator stated that they were not aware that the 2 Level II background screenings had expired.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

An unannounced Abbreviated Biennial licensure survey with licenses Limited Nursing Services (LNS) was conducted on .

The Shady Glen I, Assisted Living Facility /License #4160, had deficiencies at the time of this visit.