

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965681	(X3) DATE SURVEY COMPLETED 06/27/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT DUNEDIN	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 BELCHER ROAD DUNEDIN, FL 34698	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Biennial Survey was conducted at Angels Senior Living At Dunedin Assisted Living Facility on Angels Senior Living At Dunedin Assisted Living Facility had deficient practice identified at the time of survey. License: 10034		

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

Based on record review and interview, the facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility and failed to include one of one sampled staff (Staff A) who provides care to residents on the roster.

Findings included:

Record review of Agency for Health Care Clearinghouse Employee Roster revealed that not all employees who is currently working at the facility, were included on the Employee Roster reviewed on . Staff A is currently on the facility staffing schedule but Staff A was not included on the background screening employee roster.
A record review of the facility records showed Staff A was hired on as a caregiver.

During interview with administrator, on at 11:45 a.m., the administrator reviewed the background screening website and confirmed findings and confirmed all staff who provide care to residents.

(unclassified)