STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963899	**07/16/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 WEST LAKE ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018007432) was conducted at Coral Oaks on . . . . Coral Oaks had a deficiency at the time of the investigation.

(License #7368)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963899	**07/16/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 WEST LAKE ROAD** **PALM HARBOR, FL 34684**	

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

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

Based on record review and interview, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for one (Staff E) of three employees sampled.

Findings included:

A review of employee records conducted on . . . showed that Staff E, a direct care staff member, was hired on . . . . A review of the Employee Roster showed that Staff E was not entered.

An interview was conducted with the Human Resources Manager at 11:29 AM on . concerning entering Staff E in to the Employee Roster. The Human Resources Manager reviewed the Employee Roster and stated that they missed it, acknowledging that Staff E was not entered.

Unclassified