STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965917	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **CABOT COVE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **455 BELCHER RD S** **LARGO, FL 33771**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced Biennial Survey was conducted at Cabot Cove Assisted Living on . . . . . .
(License #10249).

Deficiencies were identified at the time of the visit.

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review the facility failed to ensure that 3 (A, B, C) out of 3 employee files reviewed had a signed Attestation of Compliance with the Background Screening Requirement form completed in conjunction with the Level 2 screening.

Findings included:

On , an employee background screening review was completed of the employee files. Three employees did not have a signed Attestation of Compliance with Background Screening Requirement form present in their employee files.
Employee A had a hire date of . . . . . .
Employee B had a hire date of .
Employee C had a hire date of . . . . . .

An interview was conducted with the Administrator at 2:47 PM where she confirmed that she did not have the forms completed for the employees. She stated that she did not know that the forms were a requirement to have completed as part of the background screening process.

Unclassified