STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **BARRINGTON TERRACE OF NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **5175 TAMIAMI TRAIL EAST** **NAPLES, FL 34113**	

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 ensure 1 (Staff C) out of 3 employees reviewed was placed on the facility's Background Screening Clearinghouse Roster.

The findings included:

On at 2:38 p.m., record review of LPN Staff C's employment file and review of facility's staff roster it was noted that Staff C had not been placed on the Facility Clearinghouse Roster since hire date of .

On at 2:40 p.m., the Administrator and Business Office Manager confirmed that Staff C was not placed on the Facility Clearing House Roster since hire date of .

Unclassified