STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ST [illegible] LLLP**	STREET ADDRESS, CITY, STATE, ZIP CODE **165 SILVER LN** **SAINT , FL 32084**	

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

0000 - Initial Comments

On [illegible], 2018 an unannounced biennial re-licensure survey with Limited Nursing Service and Emergency Power Plan monitoring was conducted in conjunction with complaint survey (CCR# 2018012984) at Silver Creek St. [illegible], LLC. (license #12928). Deficient practice was identified during the survey.

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

Based on record review and interview, the facility failed to ensure that 2 of 4 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations Background Screening Clearinghouse website.

The findings include:

A review of Employee C's level II background screening showed an eligibility determination date of [illegible]. The employee information list showed Employee C hire date as [illegible].

A review of Employee D's level II background screening showed an eligibility determination date [illegible]. The employee information list showed Employee D hire date as [illegible].

A review of the Agency for Health Care Administration's Background Screening Clearinghouse website on [illegible] at 11:00 AM revealed that the facility did not have Employee C or D as employees listed under the facility employee roster.

Interview was conducted with Business Office Manager on [illegible] at 12:45 PM. After reviewing the facility roster on the Agency for Health Care Administration's Background Screening Clearinghouse website, she confirmed that Employee C and D were not listed on the facility roster.

Photographic Evidence Obtained

Unclassified