STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967726	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **RESIDENCES OF NICEVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 NORTH PARTIN DRIVE NICEVILLE, FL 32578**	

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

0000 - Initial Comments

On - , an unannounced Change of Ownership survey with specialty license, limited nursing services and extended congregate care, in conjunction with a revisit survey for prior complaint survey (CCR#2018008929) was conducted at Residences of Niceville Assisted Living Facility (license #11712). At the time of survey there was deficient practice found.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to ensure that 3 of 4 employees had evidence of a negative examination on an annual basis. (employees A, B, and C)

The findings included:

On a record review was conducted of four employees personnel record for evidence of a negative examination on an annual basis. Personnel records revealed the following: Staff A's last examination was completed on . Staff B's last examination was completed on . Staff C's last examination was completed on .

On at approximately 9:57 am, an interview was conducted with the Business Office Manager (BOM). The BOM reviewed the personnel files for staff A, staff B, and staff C and confirmed that all three employees files did not have evidence of a negative examination since the dates found in the files.