STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	**11/26/2018**
NAME OF PROVIDER OR SUPPLIER **GLENVILLE PINES II ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **211 SILVER OAKS RD NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . Glenville Pines II license # 12461 had a deficiency found at the time of the visit.

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 1 of 3 sampled employees (A) within the Background Screening (BGS) clearinghouse.

Findings:

During the facility entrance on staff A was the sole caregiver for the facility residents.

Personnel record review for staff A revealed she was hired on and had eligible BGS dated . Review of the facility's BGS roster on at 11:20 AM revealed staff A was not listed on the roster.

In an interview on at 11:00 AM with the administrator who said she forget to add staff A to the BGS roster.

Unclassified