STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted], a complaint survey (CCR# 2018017271) was conducted at Brookdale Oakbridge Assisted Living Facility in conjunction with a Limited Nursing Service survey. At time of survey the facility had deficient practice.

(License # 7902)

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure that 1 of 6 direct resident care staff hd a level 2 background screening with an "eligible" status.

Findings included:

A record review of staff B's personnel records showed the last level 2 background screening was dated for . A further record review of the Agency for Health Care Background screening website, showed a "A New Screening is Required." for staff B. There were no further indication as to whether staff B had an eligible status in personnel file.

On at 3:05 P.M. during an interview with the facility administrator, the administrator reviewed staff B's file and confirmed the findings. The administrator confirmed staff B is currently on the facility staffing scheduling and is actively providing care and services to residents who resides at the facility.

UNCLASSIFIED