STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910810	R 04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PINECREST	**1150 8TH AVENUE, S.W.** **LARGO, FL 33770**

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

0000 - Initial Comments

A revisit to [redacted] a change of ownership (CHOW) survey was conducted at Elmcroft of Pinecrest on [redacted]. Elmcroft of Pinecrest had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to obtain a statement from a health care provider attesting to this individual's freedom from signs and symptoms of other communicable [redacted] ( ) for three of seven staff sampled (Staff A, B and C).

Findings included:

A review of Staff A, B and C employee file revealed all three employee were missing documentation of current freedom from in personnel files. Staff A's most recent freedom from [redacted] was dated , Staff B's most recent freedom from was dated and Staff C's most recent was dated [redacted].

On [redacted] at 11:53 a.m. during an interview with the executive director (ED), the ED confirmed not all employees have freedom from at this time. The ED stated, "Sorry you're not going to be able to correct this one, we are still working on it."

Class III