STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969153	**02/18/2019**
NAME OF PROVIDER OR SUPPLIER **SAFE FAITH PARADISE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 BRENTFORD CT** **KISSIMMEE, FL 34758**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to ensure that 2 of 2 sampled personnel records (A and B) contained an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, .

Findings:

Personnel record review for staff A, the owner /administrator revealed no evidence the completed an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, .

The administrator said she was the only staff and resident #1 had a doctor's , so she and the 3 residents were going to the together. Staff B came to the facility and said he would go and stay with the residents so that the administrator could return to the facility.

Personnel record review for staff A revealed a BGS result for staff B, who owned 5% interest or more, that indicated eligible as of , however there was no evidence he completed an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, .

In an interview with the administrator on at 3 PM, who confirmed the findings.

Unclassified