STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **OUR HOME AT BEACON HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **141 KAELYN LANE** **PORT SAINT JOE, FL 32456**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted at Our Home At Beacon Hill Assisted Living Facility (license #10713) located in Port St. Joe, FL on . Deficient practice was identified at the time of the survey.

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview the facility failed to ensure staff employee files contain a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F.S. for 1 of 3 sampled employees. (employee B)

The findings include:

Review of employee B's file (Licensed Practical Nurse) revealed a hire date of . The file did not contain a signed affidavit of compliance. An interview was conducted with employee A on at approximately 11:25 AM. The surveyor had requested a signed affidavit of compliance for employee B. Employee A provided a signed affidavit of compliance for employee B dated . Employee A confirmed employee B had come in to the facility and signed the affidavit after the surveyor questioned why the document was not on file. The staff were not able to locate any other affidavit of compliance for employee B.

Unclassified