STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	**01/24/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **26850 SOUTH BAY DRIVE** **BONITA SPRINGS, FL 34134**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) survey was conducted through at Brookdale Bonita Springs, an assisted living facility (license #9322) in Bonita Springs, Florida.

The following is description of the deficiency.

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

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

Based on record review and staff interview, the facility failed to update every 5 years a background screening for 1 (Staff C) out of 3 staff records reviewed.

The findings included:

Record review of Staff C employee file revealed a hire date of . The background screening for Staff C was dated .

During an interview on at 12:00 p.m., the Executive Director reported she was not aware the background screening needed to be updated every 5 years.

Unclassified