

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11942705</b>	(X3) DATE SURVEY COMPLETED  <b>01/04/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>BRIGHTON GARDENS OF BOCA RATON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6347 VIA DE SONRISA DEL SUR BOCA RATON, FL 33433</b>	

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted don . . . . . and . . . . . at Brighton Gardens of Boca (Lic#8172). There was a deficiency at the time of the survey.

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to ensure all staff members were registered with the Agency for Health Care Administrator (AHCA) Background Screening clearinghouse within 10 days of hire for 3 of 39 sampled staff (Staff D, E, and F).

On . . . . . at approximately 1:00PM, the facility AHCA Backgrounds screening clearinghouse roster was reviewed. Staff D (Administrator) whose hire date was . . . . ., Staff E (Assistant Living Coordinator) whose hire date was . . . . ., and Staff F (Assisted Living Coordinator) whose hire date was . . . . ., were not registered with the clearinghouse within 10 days of hire.

On . . . . . at approximately 3:40PM, during a interview with the Administrator, he stated he was added and the other staff members would be added immediately. They acknowledged the findings and provided no additional documentation for review.

Unclassified