

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969347	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER THE LANDING OF LAKE WORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 9948 WOODWIND LANE LAKE WORTH, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - Initial Comments</p> <p>A licensure complaint investigation, Complaint Number 2019005797, was conducted on through at The Landing of Lake Worth. The facility had a deficiency identified at the time of the investigation.</p> <p>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</p> <p>Based on record review and interview, the facility failed to include 1 out of 7 sampled employees (Staff A) in its background screening (BGS) employee roster.</p> <p>The findings included:</p> <p>Review of the facility's BGS employee roster on indicated that Staff A was not listed as an employee of the facility to have received a background screening.</p> <p>In an interview with the Business Office Manager on at 10:15 AM, she stated that she updated the facility's BGS roster that same day on and she believed that every staff member was listed on this roster. She stated that upon another review of this BGS roster, Staff A, who was a resident caregiver for the facility, was not included in the facility BGS roster.</p> <p>Unclassified</p>		