STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965083	**02/20/2017**
NAME OF PROVIDER OR SUPPLIER **ISLAND SPLENDOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 18TH AVENUE S.W.** **LARGO, FL 33778**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, an abbreviated biennial re-licensure survey was conducted at Island Splendor. Deficient practice was identified during the survey.

(License # 9487)

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to ensure that direct care staff received at least one hour of training, within 30 days after employment, in the facility's policy and procedure regarding (Training) for one (Staff B) of three employee records reviewed.

Findings included:

An employee record review conducted on showed that Staff B was hired on and provided direct care to the facility's residents. Staff B's record revealed a lack of a certificate for Training.

The administrator was interviewed at 1:00 PM on concerning the lack of proof of Training for Staff B. The administrator reviewed Staff B's employee record, acknowledged the lack of a Training certificate, and stated that it must have been missed.

Class III