STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968810	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13453 SW 289 TERR** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Open Arms ALF, Inc (AL#) with Limited Mental Health service component had a deficiency at time of the survey.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to have documentation of at least 3 hours training of Limited Mental Health continuing education for two out of four (Staff A and C) sampled staff.

Findings include:

Review of Staff A and C records showed that they did not have documentation of having completed at least 3 hours training of Limited Mental Health continuing education. Staff A last training was dated and Staff C last training was dated .

Interview conducted on at 1:15 PM, the Administrator stated that she and Staff C had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class III