STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENCES OF BRANDON MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1819 PROVIDENCE RIDGE BLVD.** **BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility
Residences of Brandon Memory Care, License #9739

An unannounced Biennial licensure survey with Limited Nursing Services and Extended Congregate Care was conducted on &.

The Residences of Brandon Memory Care, Assisted Living Facility /License #9739, had deficiencies at the time of this visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based records review and interviews, the facility failed to provide documentation of Elopement Training within the first 30 days of employment for 2 of 3 staff members reviewed.

Findings Included:

In a Staff Records review at 12:00pm on , it was revealed that Staff A did not have documentation of Elopement Training. In a Staff Records review at 12:30pm on , it was revealed that Staff C did not have documentation of Elopement Training.

In an interview, the Administrator stated that the facility was training and orientating new employees according to their corporate direction. The corporate training included "Wandering"; however it did not include "Elopement" training. The Administrator stated the facility would incorporate "Elopement" training into the orientation curriculum in the future and would train Staff A and Staff B as soon as possible.

Class 4