STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910336	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 NORTH NOVA ROAD** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

On , 2017 a biennial re-licensure survey in conjunction with complaint survey (CCR #2017000843) was conducted at Grand Villas Assisted Living Facility. Deficient practice was identified during the survey.

0080 Training - Core & Competency Test

Based on personnel file review and staff interview the facility failed to ensure the facility administrator received twelve hours of continuing education hours every two years to maintain her core certification.

The findings include:

Review of the personnel file for the administrator revealed no continuing education hours had been received in the last two years.

During an interview with the Administrator at 4:20 pm. on , 107, she stated she has not had any trainings so far this year and none last year.

Class III