

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968837	(X3) DATE SURVEY COMPLETED R 04/05/2017
NAME OF PROVIDER OR SUPPLIER TZURIEL ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 NW 6TH ST CAPE CORAL, FL 33993	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on _____ at Tzurriel, an Assisted Living Facility (license #12691) in Cape Coral, Florida.

This was a follow-up to the relicensure survey completed on _____.

The following is description of the deficiency found at the time of the visit.

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and staff interview, the facility failed to provide training certificates for 1 (Staff #B) of 1 staff file reviewed.

The findings included:

On _____ a review of the Staff #B's personnel file revealed there was no training certificate for Control, (_____), Elopement Response, Emergency Preparedness, Incident Reporting, Resident Rights, _____ and Neglect, or (_____) in the staff file.

In an interview on _____ at 11:10 a.m., Staff B stated, "I did all the readings, but I didn't take the tests."

In an interview on _____ at 12:05 p.m., the Executive Director said, "She did the trainings but she doesn't have the certificates."

Class III