STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **ANGUILLA CAY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH RIDGE ROAD** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A Complaint Investigation, CCR #2017000312 and #2017000509, was conducted on at Anguilles Cay Senior Living, license #11772. The facility had deficiencies at the time of the investigation.

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

Based on observation, interviews and record review, the facility failed to ensure staff members who provide direct care to residents, received required training for 2 of 3 sampled Staff B and C).

The findings included:

Personnel record review conducted with the Administrator present, revealed the following:

1. Staff B was hired on and works as a Certified Nurse Aide (CNA). Review of her record revealed no documentation showing she received the required 1 hour of training in Resident Rights in an Assisted Living Facility.

2. Staff C was hired on and works as a Home Health Aide. She was observed during the survey providing direct care to the residents. Review of her record revealed no documentation showing she received the required:
A. 1 hour of training in , neglect and ,
B. 1 hour of training in reporting adverse and major incidents

This was discussed with the Administrator on at 2:30 PM. He stated both Staff B and Staff C provide direct care to the residents. He further stated there was no other related documentation available for review at this time.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observations, record review and interviews, the facility failed to ensure required attestation of compliance forms were executed by 3 of 3 sampled Staff (A and B).

The findings included:

Personnel file review conducted revealed the following concerns:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **ANGUILLA CAY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH RIDGE ROAD** **LANTANA, FL 33462**	

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

1. Staff A was observed throughout the survey providing direct care to residents. She was hired and serves as the Charge CNA, Caregiver, and Medication Technician. There was no AHCA Form 3100-0008 Affidavit (Attestation) of Compliance with Background Screening Requirements in her personnel file.

2. Staff C was observed during the survey providing direct care to residents. She was hired and serves as a Home Health Aide. There was no AHCA Form 3100-0008 Affidavit (Attestation) of Compliance with Background Screening Requirements in her personnel file.

3. Staff B was hired on and serves as a Certified Nurse Aide (CNA). There was no AHCA Form 3100-0008 Affidavit (Attestation) of Compliance with Background Screening Requirements in her personnel file.

During an interview conducted at 2:30 PM, the Administrator stated he was not familiar with this form. He confirmed Staff A, B and C provide direct care to the facility's residents. He further stated there was no other related documentation available for review.

Unclassified