STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910635	**04/25/2017**
NAME OF PROVIDER OR SUPPLIER **MRM BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **6035 72ND AVE., NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, an abbreviated biennial relicensure survey was conducted at MRM Boarding Home Assisted Living Facility. Deficient practice was identified during the survey.

(License # 5349)

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

Based on record review and interview the facility failed to ensure that one employee, (Staff C), of three employees selected for record review, completed the required staff in-service training within 30 days of employment.

Findings included:

Record review conducted on , revealed there were no documentation found for training completion within 30 days of employment by Staff C related to P & P training. Documented hire date in direct care position.

Class III