STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **ALEA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5304 NW 16TH STREET** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Alea Assisted Living Facility (License #9465). The facility had a deficiency identified at the time of the visit.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 3 employees (Employee A) completed the 2 hours medication training update.

The findings include:

Record review of Employee B's file revealed the certificate for the medication training update was not in Employee B's file. The Administrator then reported that it might have been misplaced. The Administrator was given an option to locate the training for Employee B. The facility was able to locate medication training for Employee B, original 4 hours dated .

During an interview with Employee B on at 2:50 PM, she reported that she currently works at the facility and has been working there since . She also reported that she assists the residents with their self administration of their medications.

During an interview with the Administrator on at 1 PM, she confirmed aforementioned. She stated no further information was available for review.

Class III