STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	**05/16/2017**
NAME OF PROVIDER OR SUPPLIER **PANORAMA LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 BALMY BEACH DRIVE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , 2017. Panorama Living, license #8705, had a deficiency at the time of the visit.

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on personnel record review and interview the facility failed to ensure the person responsible for the facility's food service (administrator) received the required annual 2 hours of continuing education.

Findings:

The administrator identified herself as the person responsible for the facility's food service.

Personnel record review for the administrator revealed a 2-hour certificate of training in nutrition and food service that was dated .

The record contained no documented evidence that indicated the administrator received the required 2-hour of continuing education in topics pertinent to nutrition and food service in 2017.

On at 1:05 pm, the administrator said she did not complete the required training for 2017.

Class III