STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968839	07/10/2017
NAME OF PROVIDER OR SUPPLIER **SYERRA'S ANGELS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8 ALMOND PL** **OCALA, FL 34472**	

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

0000 - Initial Comments

On , 2017, an unannounced re-licensure survey with limited mental health services was conducted at Syerra's Angels Assisted Living Facility (License #12707). During this survey, deficient practice was found.

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

Based on record review and interview, the facility failed to ensure continuing education for assistance with self-administration of medication for 1 of 3 staff (Staff A).

On , 2017 an employee record review was conducted On Staff A. It was discovered that Staff A had received her last training for Assistance with Self-Administration of Medication on . There was no training documentation showing she had received her annual 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

On , 2017 at 2:30 p.m., the administrator stated she was unable to locate Staff A's continuing education for assistance with self-administration of medication.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure limited mental health training for 1 of 3 staff (Staff A).
Findings:

On , 2017, at 12:10 p.m. an employee record review was performed on staff A who was hired . Staff A was found to not have training in limited mental health.

On , 2017, at 2:30 p.m., the administrator stated she could not locate Staff A's training certificate for limited mental health.

Class III