STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	R 08/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOL ASSISTED LIVING FACILITY II INC	**5716 SW 149 PLACE** **MIAMI, FL 33193**

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

0000 - Initial Comments

A Change of Ownership Revisit Survey was conducted on 14th, 2017. Sol Assisted Living Facility II Inc, license #10555, had the following uncorrected deficiency identified at time of the survey.

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the Assisted Living Facility failed to ensure that staff completed a course on / / (/) within 30 days of employment for one (Staff E) out of five staff sampled.

Findings included:

Review of Staff E's personnel record revealed that there was no proof of training. Staff E's hire date was

In an interview on at 8:38 AM the Administrator revealed the Administrator did not understand how Staff E missed the training.

Class III
Uncorrected