| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968156** | **09/06/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PEREGON LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8064 S W 133 CT**<br>**MIAMI, FL 33183** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Peregon Llc (license #12090) had the following deficiencies identified at time of the survey:

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on observation, record review, and interview, the facility failed to provide evidence of a negative examination on an annual basis for one out of three ( Staff A) sampled staff.

Findings included:

Facility tour on at 8:35 AM showed Staff A was in care of the residents.

Record review revealed Staff A's last statement was dated .

Interview conducted on at 2:10 PM, Administrator stated that she did not have her annually documentation of freedom from in her file.

Class III

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

Based on observation, record review, and interview, the facility to ensure that one out of three sampled employees (Staff #C) had received in-service training within 30 days of employment that covers resident rights in an assisted living facility.

Findings include:

Observation on at 8:20 AM found Staff C was interacting with facility residents and providing assistance with activities of daily living.

Review of Staff C record showed it did not contain documentation that she receives 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility. Staff C was hired on .

Interview conducted on at 2:45 PM, the Administrator stated that Staff C did not receive in-service training that covers resident rights in an assisted living facility.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968156** | **09/06/2017** |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on record review and interview, the facility failed to have a signed attestation for two out of three (Staff B and C) sampled staff.

Findings included:

Record review of the employee files for Staff B (hired on . . . . ) and Staff C (hired on . . . . ) contained no documentation of a signed attestation letter.

Interview conducted on at 2:00 PM, Administrator acknowledged that the files of Staff B and C did not have the attestation form.

Unclassified