STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Biennial survey was conducted on . Silver Life Llc. with standard license (AI 9834) had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to ensure that 1 out of 6 (Staff B) facility staff received in-service training.

Findings as follow:

Review of Staff B's record showed the facility did not have any documentation of reporting major and adverse incidents, facility emergency procedures, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , , resident behavior and needs, providing assistance with the activities of daily living, the facility's resident elopement response policies and procedures training. Record review showed Staff B was hired on .

On at 1:50 p.m. Staff C stated the training were misplaced.

Class III

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

Based on record review and interview the facility failed to have 1 out of 6 (Staff B) facility staff trained on / within 30 days of employment.

Findings as follow:

Review of Staff B's file showed the facility had no documentation of / training. Record review showed Staff B was hired on .

On at 1:00 p.m. Staff C stated the training was misplaced.

Class III