STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967674	11/02/2017
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 CRESCENT CIRCLE** **LAKE PARK, FL 33403**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure survey was conducted on , 2017 at Tropical Garden Villas North (License #11690). There were deficiencies identified at the time of the survey.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 1 out of 2 sampled staff (Staff B).

The findings included:

Review of the personnel file for Staff B who works as an aide during 24 hour shifts revealed no current training with a valid card in First Aid. The Administrator and Staff B stated during interview on 11/ at 11:30 AM that Staff B was in sole charge of residents during the night shift on various dates.

Review of the staff schedule for , 2017- , 2017 showed Staff B worked alone from 8:00 PM to 8:00 AM on Monday nights and Friday nights.

The Administrator and Staff B confirmed that the documentation of training in First Aid was not present and available for review. The facility provided no additional documentation of the required training for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled unlicensed staff members (Staff A and B) who provided assistance with self-administered medications had successfully completed a minimum of 2 hours of annual continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

a) The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. Documentation of this training dated contained the signature of a trainor who was the "Director of Education", not a Registered Nurse (RN) or Pharmacist.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967674	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 CRESCENT CIRCLE** **LAKE PARK, FL 33403**	

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

b) The personnel file for Staff B was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. Documentation of this training dated contained the signature of a trainor who was the "Director of Education", not a Registered Nurse (RN) or Pharmacist.

An interview was conducted with the Administrator and Staff A and B at 11:30 AM on . They confirmed that both staff provide medication to residents. The facility provided no additional documentation for review at this time.

Class III