STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911858	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS INC. (A**	STREET ADDRESS, CITY, STATE, ZIP CODE **428 SOUTH 'F' STREET** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on , at Tropical Garden Villa Inc. Annex (Lic#7903). There was a deficiency found during the time of the survey.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review and interview, the facility failed to ensure that unlicensed staff who assist with self-administration of medication, completed the yearly required 2 hour continuing education for 1 of 3 sampled staff (Staff C).

The Finding Included:

On at 12:10PM a record review was completed for Staff C. The record review revealed Staff C obtained her initial 4 hours of medication training on . Further review revealed Staff C's last completed continuing education for assistance with self administration of medication, was completed . During this time the Administrator was given an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 1:10PM, he acknowledged the findings and provided no additional documentation for review.

Class III