STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968967	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **HERMANOS VAZQUEZ ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **15578 SW 10TH ST** **MIAMI, FL 33194**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Hermanos Vazquez ALF corp. with standard license (AL 12825) had the following deficiency identified at the time of the survey:

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

Based on observation, record review and interview the facility failed to provide documentation that 1 out of 3 was trained in assisting residents with self administration (4 hours)(Staff A).

Findings:

On . . . . . at 8:00 a.m. Staff B was observed assisting Resident #1 with self-administration of medications.

Staff record review showed no documentation of a 4-hour medication training for Staff B.

On at 11:00 a.m. the administrator stated that Staff B's medication training certificate was misplaced.

Class III