STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911133	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 ORANGE AVENUE** **PORT ORANGE, FL 32127**	

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

0000 - Initial Comments

On , 2018,a biennial relicensure survey in conjunction with Limited Mental Health was conducted at Open Arms Assisted Living. Deficient practice was identified during the surveys.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on employee record review, and interview the facility failed to ensure direct care staff met the training requirements for Limited Mental Health (LMH) for 2 of 3 employees, the Administrator and Employee A.

The findings include:

A review of the employee records was conducted at 10:45 AM on , 2018. A review of the Administrator's employee file revealed the last training for LMH was , 2015.

The file for Employee A showed she was hired on , greater than 6 months from the day of the survey. There was no evidence of the initial 6 hour LMH training in the file.

An interview was conducted with the Administrator at 1:00 PM on . The findings of the training files and the requirements for LMH training were reviewed with the Administrator at that time.

Class III