

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968947	(X3) DATE SURVEY COMPLETED R 05/02/2018
NAME OF PROVIDER OR SUPPLIER A SENIOR LIVING DREAM LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13442 SW 284TH ST HOMESTEAD, FL 33033	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on , , 2018. A Senior Living Dream Llc, with limited mental health component and license # 12831, had the following deficiencies identified at the time of the survey:

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

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that staff who completed courses in First Aid and () and held a currently valid card documenting completion of such courses was in the facility at all times. Staff G was working alone and had no documentation of and First Aid training.

Finding included:

On at 11:29 AM Staff G was on duty alone in the facility with Residents #1, #3, #4, and #6.

On at 12:19 PM, the Administrator arrived.

Review of Staff G's personnel record revealed that there was no documentation of First Aid and training.

On , 1:26 PM, Staff G revealed that she did not have proof of and First Aid training.

Class III

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

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that one out of six sampled unlicensed staff who provided assistance with self-administered medications successfully completed the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff G).

Findings included:

On , at 12:07 PM, observed Staff G assist Resident #4 with self- administration of medication.

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Review of Staff G's personnel record revealed that had the training of 2 hours of Assistance with self-administration of medication on There was no documentation of initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. On at 1:57 PM, the administrator stated, "If I find it, I will fax to you." Uncorrected Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on record review and interview, the Assisted Living Facility failed to ensure that one out of seven sampled staff received a minimum of 2 hours education in topics pertinent to nutrition and food service within 30 days of employment (Staff C). Findings included: Review of Staff C's personnel record revealed that the hire date was There was no documentation of the required minimum of 2 hours education in topics pertinent to nutrition and food service in an assisted living facility. On at 1:57 PM, the administrator stated, "If I find it, I will fax to you." Uncorrected Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the Assisted Living Facility failed to report any changes in the employment status on its roster in the Background Screening Clearinghouse within 10 business days for one out of seven sampled staff (Staff E) .

Findings included:

Review of employee roster database showed that Staff E's hire date was on and there was no end date. Staff E no longer worked for the facility.

In an interview on at 11:41 AM, the Administrator stated in reference to Staff E, "I think I took Staff E off. It was last year. I have Staff as a back up. I believe like last year."

On at 1:34 PM the Administrator stated, "I updated my employee roster."

Uncorrected
Unclassified