STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969366	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **GENERATIONS SENIOR LIVING AT THE FAIRWAYS**	STREET ADDRESS, CITY, STATE, ZIP CODE **5268 CR 125** **WILDWOOD, FL 34785**	

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

0000 - Initial Comments

On , , 2018 an initial licensure survey ws conducted at Generations Senior Living Assisted Living. Deficient practice was identified a the time of the survey.

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

Based on record review and interview the facility failed to document 1 of 1 staff reviewed (Administrator) attended a First Aid or , , , ( ) course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Findings:

On this writer conducted the employee record review. Record review revealed the First Aid and certificate listed in the Administrator's records was an online course, not excepted by the Agency.

On at 10:00 AM and interview with the facility's Administrator was conducted. During the interview this writer requested to be provided with the most recent First Aid and certificate for the Administrator. The facility Administrator stated, "I have the online certificate in my records." This writer explained the Agency's guidance on First Aid and to the Administrator. The Administrator then stated I will go get my training completed."

Class III