STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT GRANDPARENTS PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13342 SW 6 STREET** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Grandparents place inc. ALF with limited mental health license (AL 11639) had the following deficiency identified at the time of the survey:

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure that 3 out of 4 staff received 2 hours additional training regarding assisting with self-administration of medications covering the updated regulations effective (Staff B, C and D).

Findings:

A review of personnel records showed the facility had no documentation of the additional 2 hours assistance with self administration of medications continuing education training for Staff B , C and D.

On . . . at 2:30 PM the Administrator stated she believed the staff had all the trainings updated.

Class III