| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965499** | **07/24/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SOUTHERN LIVE-IN OF BRANDON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**619 PRINCETON STREET**<br>**BRANDON, FL 33511** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

On , 2018, an abbreviated biennial re-licensure survey in conjunction with a complaint survey (CCR#2018007726) was conducted at Southern Live-In of Brandon assisted living facility. Deficient practice was identified during the survey.

(License # 9890)

**0083 - Training - First Aid and - 58A-5.0191(5) FAC**

Based on record review and interview, the facility failed to ensure 1 (Administrator) of 3 direct care staff who worked alone in the facility had completed courses in , , ( ) and held a currently valid card documenting completion of such courses.

Findings included:

A review on of the personnel record for the Administrator revealed a hire date of 11/ and a card issued on with a recommended renewal of .

During an interview with the Administrator, conducted on at 1:36 pm the Administrator confirmed that she had not been certified in and that she had worked alone with no other staff who were certified in . The Administrator stated "I didn't get it. I've been so busy. I usually would have it. I'll get it." At 2:13 pm on , the Administrator stated "I have occasionally worked some nights alone."

Class III