STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968090	R **08/27/2018**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8200 SW 43RD TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint (CCR# 2018004359) survey revisit was conducted on . Park Place Assisted Living, Inc. (license #12042) with Limited Mental Health component had a deficiency at the time of the survey:

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

Based on record review and interview the facility failed to have 1 out of 3 (Staff C) trained in assisting residents with self administration of medications.

Findings as follow:

Record review showed Staff C last medication training was dated .

On Staff C stated she assisted residents with self administration of medications. She stated that she would receive the updated medication training, soon.

Class III