STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968349	**11/21/2017**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On . . . . . an unannounced complaint survey (CCR#2017010529) was conducted at Osprey Lodge (License #12259), Tavares, FL.
Deficient practice was identified at the time of the survey.

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

Based on interview and record review the facility failed to ensure 2 of 9 sampled staff members (Staff D and Staff L) obtained the required 2 hours of annual self-administration medications and medication management training updates.

Findings:

A review of medication training certificates for Staff D revealed no evidence of Medication Training had been received since the initial training on . No record of any annual update training was found for Staff D.

A review of medication training certificate for Staff L revealed no evidence of Medication Training had been received since the initial training on
. . . . . . No record of an annual update training was found for Staff L.

An interview was conducted with the Administrator on 11/ . . . . at 1:05 PM. She confirmed Staff D & Staff L were not current with their annual medication training updates. She stated the facility will be offering a training next week and she will be sure Staff D & Staff L attend.

Class III