STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967473	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER LAKE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3211 W SITKA STREET** **TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a Biennial licensure survey with Limited Mental Health (LMH) was conducted at Silver Lake. Silver Lake Assisted Living Facility had deficiencies at the time of the visit.

(license # 11512)

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility failed to ensure 3 of 3 (A, B, C) staff who have direct contact with residents, whose records were reviewed included Limited Mental Health (LMH) training within 6 months of hire.

Findings included:

During a record review for Staff A on it revealed a hire date of . Staff A's record did not include documentation of LMH training.

During a record review for Staff B on it revealed a hire date of . Staff B's record did not include documentation of LMH training.

During a record review for Staff C on it revealed a hire date of . Staff C's record did not include documentation of LMH training.

During an interview with the Administrator on at 2:24 PM they confirmed Staff A, B and C did not have the required LMH training.

Class III