| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965941** | **09/28/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GARDEN OF HEALTH (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1910 NE 56 ST**<br>**FORT LAUDERDALE, FL 33308** | |

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

**0000 - Initial Comments**

An unannounced abbreviated Re-licensure survey was conducted on at Garden of Health (The) Assisted Living Facility LLC, License #10228. The facility had a deficiency identified at the time of the survey.

**0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC**

Based on record review and interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A, and Staff B) who provide direct care to residents had received the required in-service training within 30 days of employment.

The findings included:

Employee record reviews conducted for Staff A (hire date ), and Staff B (Hire date ), revealed no documentation contained within the employee file, or provided by administration showing completion of the following required 1 hour in-service training's completed within 30 days of hire:

Staff A:

a) Emergency preparedness & Evacuation training
b) P & P training

Staff B:

a) Emergency preparedness & Evacuation training
b) P & P training

During an interview with the Administrator at 2:00 PM it was stated that I did not do a certificate for them but they have the trainings. The findings were discussed and acknowledged, no further documentation was provided for review.

Class III