STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964770	R **10/24/2018**
NAME OF PROVIDER OR SUPPLIER **SYLVIA'S SENIOR HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **23025 SW 120 AVENUE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 10/24/2018. Sylvia's Senior Home with a standard license #9429, had the following deficiency identified at the time of the survey:

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have the additional 2 hours of training that focuses on the topics listed in the rule 58A-5.0185. F.A.C before assisting with self-administered medication for one out five sampled staff (Staff F).

Findings included:

A review of Staff F employee file showed the staff was hired on and there was no documentation of the additional 2 hours of training in topics related to assistance with self-administered medication.

On at 11:55 AM the administrator stated "Staff F was out on leave, and she just recently returned. I will schedule for her to attend the training."

Uncorrected Class III