STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968753	**11/09/2018**
NAME OF PROVIDER OR SUPPLIER **TRAILWINDS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14929 SW 39TH ST** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , . Trailwinds Assisted Living , LLC (license #12639) had the following deficiency identified at time of the survey:

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to have the 2 hours continuing education in topics pertinent to nutrition and food service for one out of four (B) sampled staff.

Findings included:

Review found Staff B's documentation of the minimum of 2 hours continuing education in topics pertinent to nutrition and food service was a copy which was filled out and had no seal from a licensed dietician.

On at 3:30 PM Administrator acknowledged Staff B did not have the update training.

Class III