STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969441	**12/05/2018**
NAME OF PROVIDER OR SUPPLIER **MEMORIAL ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14801 54TH WAY N** **CLEARWATER, FL 33760**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , , an initial licensure survey was conducted at Memorial Assisted Living Facility. There was deficient practice identified at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility did not provide the initial 6 hours of training for unlicensed staff who will be providing assistance with the self-administration of medications for 1 of 1 (administrator) staff sampled for medication training.

Findings included:

Record review of the personnel file for the administrator on revealed she had taken the initial 4 hours of medication training for assistance with the self-administration of medications on . Any staff hired after must complete a minimum of 6 hours of medication training for assistance with the self-administration of medications. The hire date for the administrator was .

When interviewed on at 11:00 am, the administrator verified she had taken only the initial 4 hours of medication training not the required 6 hours of training.

Class III