STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	R 11/30/2018
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Extended Congregated Care (ECC) Monitoring revisit survey was conducted on at South Oaks Assisted Living Home, LLC, License #5855. The facility had uncorrected deficiencies at the time of the revisit.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation,interview and record review, the facility placed residents at risk by failing to ensure care staff have completed the necessary inservice training for assistance with self administration of medications and safe medication practices. This was evidenced by the failure of staff to complete required continuing education training for 1 of 2 sampled employees, (Staff # A) who works alone on a 24 hour shift at the facility.

The findings include:

Review of Staff #A's personnel record indicated she had been hired on . Further review indicated that there was no documentation of Staff A attending continuing education training on providing assistance with self-administration of medications and safe medication practices prior to performing the task.

During an interview with the Administrator on 11/30/2018 at approximately 2:36 PM, he stated that he was aware that Staff A needed to have the required annual medication training and he have the training scheduled for next Thursday. The Administrator further stated that at this time all staff is providing assistance with medication including Staff A.

Class III
Uncorrected

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

Based on observation,interview and record review,the facility placed residents at risk by failing to ensure care staff have completed the necessary inservice training for assistance with self administration of medications and safe medication practices. This was evidenced by the failure of staff to complete required continuing education training for 1 of 2 sampled employees, (Staff # A) who works alone on a 24 hour shift at the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	R **11/30/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

The findings include:

Review of Staff #A's personnel record indicated she had been hired on . . . . . . Further review indicated that there was no documentation of Staff A attending continuing education training on providing assistance with self-administration of medications and safe medication practices prior to performing the task.

During an interview with the Administrator on 11/30/2018 at approximately 2:36 PM, he stated that he was aware that Staff A needed to have the required annual medication training and he have the training scheduled for next Thursday. The Administrator further stated that at this time all staff is providing assistance with medication including Staff A.

Class III
Uncorrected