STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **SOL ASSISTED LIVING FACILITY II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5716 SW 149 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

On [redacted] a standard biennial survey was conducted at Sol Assisted Living Facility II Inc. with Limited Mental Health component. Deficient practice was identified during the survey.

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

Based on observation and interview, the facility failed to follow the correct procedure as outlined in section 429.456 of Florida Statutes, when assisting one out of five sampled residents with self-administration of medications (Resident #3).

Findings included:

On [redacted] at 8:30 AM the medication cabinet was unlocked and medications were taken out by Staff A. Staff assisted Resident #3 with self-administration of mediations but Staff A failed to initial the med book.

On [redacted] at 8:35 AM Staff A stated that the reason why she did not follow the proper procedure was because when got very nervous.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a Manager, the administrator supervised one more facility.

Findings included:

Review of the health finder database revealed the administrator supervised other facility.

On [redacted] at 11:00 AM the administrator stated that she knew about this but she had not been able to find another manager who does not administer another facility. She was going to assign one as soon as possible.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **SOL ASSISTED LIVING FACILITY II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5716 SW 149 PLACE** **MIAMI, FL 33193**	

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

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

Based on observation, record review, and interview the facility failed to ensure that one out of five sample staff had the 2/hours continues training for assistance with self-administration of medication (Staff B).

Findings included:

Employee record review revealed Staff B (hired dated), completed an initial 4/hours of training on assistance with self-administration of medication on . There was no documentation of the two addition required two hours of training.

On at 12:10 PM the owner/administrator stated that she was aware that the training was missing and that she was going to do it the nest week.

Class III