STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969433	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **SEAGRASS VILLAGES OF PANAMA CITY BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 N ALF COLEMAN ROAD** **PANAMA CITY BEACH, FL 32407**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care and Limited Nursing Services monitoring visit was conducted on , at Seagrass Villages of Panama City. Deficient practice was identified at the time of the survey.

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on review of personnel files and the facility's staffing schedule, the facility failed to ensure that licensed staff members had completed , , ( ) training for 3 of 6 licensed nursing staff (Staff B, Staff D and Staff F).

The findings include:

On a total of six licensed nursing staff records were reviewed. Three of the six licensed staff members failed to have current training documented in the record. All six licenses were current and active. (Staff B, Staff D and Staff F)

A review of the staffing schedule for revealed:
- Staff B works 2 days a week on the shift and is the only licensed nurse on duty.
- Staff D works , and occasionally shift and is the only licensed nurse on duty at times.
- Staff F works ther11-7 shift and is the only licensed nurse on duty.

Class III