STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966881	**01/02/2019**
NAME OF PROVIDER OR SUPPLIER **HOLLYWOOD MANOR ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1928 WASHINGTON STREET HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on at Hollywood Manor Assisted Livng, Inc, License # 11003. The facility had deficiencies at the time of the survey.

0076 - ( ) - 58A-5.0186 FAC

Based on record review and interview, the facility failed to provide at least 1 hour training of the facility's policy and procedures on (/) within 30-days of hire, for 1 (Staff B) of 2 employee records reviewed.

The findings include:

Review of employee file for Staff B shows a hire date of . There was no documentation on file that training was received on the facility's policy and procedures.

During an interview on at 3:02 PM, the Administrator was given the opportunity to locate the training certificate. The Administrator confirmed the findings and stated he would conduct the training with Staff A and submit the certificate with his corrections.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interviews and record reviews, the assisted living facility failed to ensure 1 of 1 employees sampled (Staff B) failed to have documentation of freedom from communicable statement.

The findings include:

An employee record review was completed for Staff B and revealed, Staff B whose hire date was , did not submit a written statement from a health care provider documenting she did not have any signs or symptoms of communicable within 30 days of hire.

An interview was conducted with the Administrator on at 3:01 PM regarding staff B missing her communicable statement. The Administartor was given the opportunity to locate the employee communicable statement at this time. The Admininstrator advised that he would inform Staff B to obtain the doucmentation and he will submit it with his corrections.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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 fail to ensure that all staff members had completed the medication training of 6 hours of initial training and/or fail to provide the two hour update specifically to the new rule for 2 of 2 sample staff members.

The findings included:

During a record review for the Administrator, the 6-hour medication training could not be located within the file. The file contained an initial 4 hour training dated . . . . . for staff A and a 4 hour iniial training dated with no additional 2 hours update to new rule or annual 2 hour update.

During an interview with the Administrator on , he stated that he was unaware of the requirements for the medication training. it was confirmed that both Staff members (unlicensed) to the residents. The Administrator stated that he will have his staff scheduled to complete the training.

Class III