STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	R 12/19/2018
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Follow Up Visit to a Complaint Investigation (CCR# 2018010143) was conducted on and concluded on . Floridian Gardens Assisted Living Facility, with Limited Mental Health, Limited Nursing and Extended Congregate Care components, had the following deficiencies identified at the time of visit:

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that staff received receive at least one hour of training in the facility's policies and procedures regarding ( ) for 3 of 44 sampled staff (R, XX, WW).

Findings included:

Review of Staff personnel record showed that Staff R was hire date on , Staff XX was hired on and Staff WW was hired . There was no evidence that the these staff members completed the training as required.

In an interview on at 1:30pm the Administrator stated she was not aware that any employee was missing training. She stated all employees are trained as required and she's not sure why the staff file didn't have documentation of the training.

Review of facility's policy revealed that all staff had to be familiar with the location of list and must know when to hold .

Class III
Uncorrected