STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	12/26/2018
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , Zon Beachside LLC, license #12873, had a deficiency at the time of the visit.

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on observations, personnel record reviews and interview, the facility failed to ensure 3 of 4 direct care staff (A, C and D) received 4 hours of and Related (ADRD) continuing education annually.

Findings:

Observations made on at 9:45 a.m. revealed the facility had a secured memory care unit.

1. Caregiver A's personnel record revealed a hire date of . The record contained a certificate of completion, dated , for 4 hours of ADRD continuing education however, the trainer was nurse D who was not an approved ADRD trainer.

2. Caregiver B's personnel record revealed a hire date of . The record contained a certificate of completion, dated , for 4 hours of ADRD continuing education however, the trainer was the associate executive director who was not an approved ADRD trainer.

3. Nurse D's personnel record revealed a hire date of . The record contained a certificate of completion, dated , for 4 hours of ADRD continuing education however, the certificate did not contain the curriculum approval number and the training provider's approval number to indicate the training provider and curriculum were approved by the department or its designee.

On at 11:30 a.m. nurse D and the associate executive director both confirmed the findings and were unable to provide additional documentation.

Class III