STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	**12/26/2018**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

An unannounced abbreviated licensure survey with Limited Nursing Services was conducted on at Safe and Secure Respite Care. At the time of the survey, deficient practice was identified.

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

Based on review of employee files and staff interviews, the facility failed to ensure staff completed the required 4 hours of initial training on ADRD (and Related) within 3 months of hire for 2 of 3 sampled staff (A, B).

The findings are:

Review of employee files showed Staff A, a resident aide, was hired on and Staff B, also a resident aide, was hired on . Neither employee file contained any documentation to demonstrate these staff had completed the required 4 hours of initial ADRD training within 3 months of their date of hire.

On at approximately 2:00 PM, an interview was conducted with the Administrator who stated she could not account for why the training was not done. She stated it was most likely an oversight and she would correct the issue as soon as possible.

Class III