STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967577	**01/15/2019**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1786 NW 47 TERRACE** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Extended Congregate Care Monitoring Survey was conducted on [redacted]. Calvinelle Adult Home ALF # 2 with Extended Congregate Care and Limited Mental Health components had a deficiency identified at the time of the survey:

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that the administrator completed a minimum of 4 hours of continuing education every two years in topics relating to the physical, [redacted], or social needs of frail elderly and [redacted] persons, or persons with [redacted] or related [redacted].

Findings included:

Review of Administrator's personnel record revealed that she had a 4 hours of Extended Congregate Care training on [redacted]. Revealed there was not an update available.

On [redacted] at 1:55 PM Administrator stated, "Ok. I will do the training."

Class III