

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910564	(X3) DATE SURVEY COMPLETED 02/07/2019
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	STREET ADDRESS, CITY, STATE, ZIP CODE 765 NE DELPHINIUM DRIVE MADISON, FL 32340	

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

0000 - Initial Comments

An unannounced Biennial survey with specialty licenses limited mental health and limited nursing services was conducted at Southern Living For Seniors Assisted Living Facility on At the time of the survey deficiencies were identified.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and staff interview the facility failed to provide a safe living environment free of hazards in 1 of 8 sampled residents' (#6) bedroom and bathroom.

The Findings:

On at approximately 11:55am, an observation was made of resident #6 bedroom: one electrical outlet had no covering revealing inside of the outlet. An observation was made of the bathroom to find the corner wall near tissue roll that the wood/plaster area torn down to base. Another wall in bathroom near sink, the plaster/wood torn to base, iron piece visible and a lot of tearing to wall. see photographic evidence

On at approximately 4:30pm interview with Administrator who observed resident #6 bedroom and bathroom area, stated that Director knew about it but she would call maintenance to repair the areas in room.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and staff interview, the facility failed to ensure that 1 of 3 sampled employees (C) received a minimum of 3 hours of continuing education biennially.

The findings:

A record review of employee C personnel file, hired on , showed limited mental health training for 8 hours received on The file did not contain 3 hours of continued education biennially.

On at approximately 4:00pm, an interview was conducted with the Administrator who reviewed employee C's file. The Administrator was unable to find documentation for the 3 hours of continued

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/22/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910564	(X3) DATE SURVEY COMPLETED 02/07/2019
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS	STREET ADDRESS, CITY, STATE, ZIP CODE 765 NE DELPHINIUM DRIVE MADISON, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
education biennially. Class III		