STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968461	**03/20/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER TIMES ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18830 NW 80TH AVE** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . , . . . Silver Times Assisted Living Facility, LLC. had the following deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observations, record review, and interview the facility failed to have proof of the freedom from communicable . . . . . statement for three out of five (D) sampled staff.

Findings included:

Personnel record review revealed Staff A, C, and D had a copy of a physical examination form completed by staff. The form contained a copied physician signature, and did not have the physician license number, office address and telephone number to verify whether the staff had been evaluated by a health care provider.

On at 3:00 PM the Administrator stated, "I will have the doctor to do them."

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure staff received / training for one out of five (C) sampled staff.

Findings included:

Review of personnel files for Staff C, hired on , did not have documentation proving she had received the / training.

On . . . . . at 3:00 PM the Administrator acknowledged Staff C did not have the / . . training after review of her file.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968461	**03/20/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER TIMES ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18830 NW 80TH AVE** **MIAMI, FL 33015**	

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

Based on record review and interview the facility failed to ensure that one out of five (C) sampled staff had training in ( ).

Findings included:

Review of personnel files for Staff C did not have documentation proving she received the training.

On at 3:00 PM the Administrator acknowledged she did not have the training's for Staff C.

Class III