STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	**03/27/2019**
NAME OF PROVIDER OR SUPPLIER **SABAL HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 CROSSVILLE STREET** **CANTONMENT, FL 32533**	

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

0000 - Initial Comments

On [redacted], a complaint survey for allegations contained within CCR# 2019000817 was conducted at Sabal House assisted living facility. At the time of the survey, deficient practice was identified.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on review of records and interview, the facility failed to ensure that 3 out of 3 sampled staff records (Staff A, B, & C) had the required in-service training for staff that provide direct care to residents.

On a review of Staff A, B, and C's employment record revealed the the facility failed to document that the staff members completed the following training's: Resident Rights, recognizing and reporting , resident behaviors and needs, elopement, 2 hour in-service training.

On an interview conducted with Administrator,confirmed that the facility has always documented the staff training according to their agency guidelines.

Class III