STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964754	**04/12/2019**
NAME OF PROVIDER OR SUPPLIER **WESLEY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 MAXIMILLAN DRIVE** **WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

A Change in Ownership survey was conducted at Success Care Services Assisted Living Facility on . Success Care Services Assisted Living Facility had deficient practice identified at the time of the survey

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on interview and record review, the facility failed to maintain the required documentation of an initial 6 hour training prior to assistance with self- administration of medication for 1 (Staff A) of 2 records reviewed.

Findings Included:

An employee record review was conducted on . It was discovered that Staff A had no evidence of the required documentation of an initial 6 hour medication training for assistance with self-administration of medication in the personal file.

An interview with the administrator on at 12:15 P.M. The Administrator reviewed employee files with surveyor and confirmed findings. The administrator stated, "No we can't find it, I don't have it in her file." The administrator confirm staff A currently provides assistance with self- administration of medication to residents at the facility.

Class III