STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969420	**05/13/2019**
NAME OF PROVIDER OR SUPPLIER **SEABREEZE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **365 E RIVIERA BLVD** **INDIALANTIC, FL 32903**	

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

0000 - Initial Comments

A complaint investigation survey was conducted on at Seabreeze Assisted Living LLC, Indialantic. Deficiencies were found at the time of the visit.

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

Based on record review and interview the facility failed to ensure 1 out 3 sampled direct care staff (Staff A) had the required ( ) training within 60 days of hire, as required in Rule 58A-5.0186, F.A.C.

Findings:

In a record review on of Staff A's personnel record, revealed the direct care staff was hired on . In further review of Staff A's record it confirmed she did not have the required 1 hour training within 60 days of hire.

In an interview on at 10:00 am with the administrator, who confirmed the findings.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to ensure that 3 of 3 staff (A, B and the Administrator) completed the required affidavit of compliance with background screening.

Findings:

In record reviews on of Staff A, B and the Administrator, revealed there was no documentation to confirm they completed an affidavit or documentation attesting, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 435.

In an interview on at 10:00 am, the administrator confirmed the findings.

Unclassified