STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	**07/25/2019**
NAME OF PROVIDER OR SUPPLIER **PANORAMA LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 BALMY BEACH DRIVE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted at Panorama Living Assisted Living Facility on . Deficient practice was identified at the time of the survey.

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

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 4 sampled staff (A and B) received the required in-service training as described in 58A-5.0191( ) FAC.

Findings:

Caregiver A was hired on .

Caregiver B was hired on .

Neither of their personnel files contained documented evidence to indicate either of them received training on the facility's resident elopement policy within 30 days of hire, only evidence that they each participated in elopement drills.

On at 9:30 a.m. caregiver D confirmed the findings.

Photographic evidence obtained.

Class III