STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	09/18/2015
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0000 Initial Comments

A Complaint (2015008992) Survey was conducted on and concluded on . Wellness Living Inc had deficiencies identified at the time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have documentation of the Administrator's proof of high school diploma or GED.

Findings included:

Record review found the Administrator did not have proof of high school diploma or GED available to review.

Interview with the Administrator on at 1:53 pm confirmed that she did not have a copy of her high school diploma in the facility.

Class III

0083 Training - First Aid and

Based on observations, record review, and interview the facility failed to ensure that at least one staff member had First Aid training at all times. The facility failed to have First Aid training for 3 of 3 (A, B, and Administrator) staff members.

Findings included:

Arrived to the facility on at 10:56 am found Staff A and the Administrator caring for two residents.

Record review found Staff A, B, and the Administrator did not have First Aid training.

Interview with the Administrator on at 1:53 pm confirmed staff members did not have First Aid training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	09/18/2015
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure that 2 of 3 (A and B) staff received 4 hours of assistance with self-administration of medications in assisted living facilities training.

Findings included:

Record review found Staff A and B did not have the initial 4 hours of assistance with self-administration of medications in assisted living facilities. Staff A and B received 2 hours of training on .

Interview with the Administrator on at 1:53 pm confirmed the facility did not have the initial medication training for Staff A and B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wellness Living Inc
15560 Ne 5th Ct
Miami, FL 33162
RE: CCR #2015008992

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com