STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968850	**07/10/2017**
NAME OF PROVIDER OR SUPPLIER **PATH OF LIFE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1240 SUMMERWOOD CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at Path of Life ALF (License# 12696) on . . . . . . The facility had deficiencies identified at the time of the survey.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, it was determined the facility failed to ensure at least one staff member was present in the facility at all times that holds a current valid First Aid card documenting completion of such courses, for 1 out of 3 sampled staff (Staff B and Staff C).

The Findings Included:

During an employee record review at approximately 10:30AM, Staff B and Staff D, who are direct care staff, did not have documentation within their employee file, or provided by the Administrator, showing Staff B & Staff D had completed an approved course in First Aid and holds a current First Aid certification card.

Review of the facility staffing schedule for Staff B & Staff D revealed Staff B and Staff D work on shifts together . Neither Staff B or Staff D hold any professional licenses that would exempt them from the First Aid Training.

During interview conducted with the Administrator on . . . . . at 1:30PM, she acknowledged the absence of the documentation and provided no additional documentation for review.

Class III