STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	R 02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY'S ADULT CARE 2	**15765 SW 76 TERRACE** **MIAMI, FL 33193**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey conducted on 02/28/2018 at Cary's Adult Care 2 with Limited Mental Health component license #10796 had the following deficiencies identified at time of survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review, and interview the facility failed to have an accurate health assessment done by a healthcare provider documenting the type of assistance the resident needed with activities of daily living for one out two sampled residents (Resident #5).

Findings Included:

A review of Resident #5's file revealed health assessment dated documented the resident needs total assistance with all activities of daily living.

On at 2:30 Observed Resident #5 ambulating without assistance.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure one out of four sampled staff completed a minimum of 3 hours of continuing education in limited mental health (Staff B).

Findings included:

A review of Staff B's employee file showed the last mental health continuing education was completed on .

On at 1:45 PM, the Administrator stated "Staff B did complete the training, but I probably forgot to put the training document in the file."

Class III