STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966783	**07/31/2018**
NAME OF PROVIDER OR SUPPLIER **EDAD DE ORO SENIOR CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17891 SW 152 COURT** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Edad de Oro Senior care inc. with limited mental health license (AL10928) had the following deficiencies at the time of the survey:

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to provide documentation that 1 out of 5 sampled staff received 6 hours of training regarding assist residents with self-administration of medications (Staff C).

Findings:

On at 12:55 PM, observed Staff C assisting Resident #1 with self-administration of medications.

A review of the personnel record showed, the last medication training Staff C received was on .

On at 2:00 PM the assistant administrator stated Staff C did not received the medication training covering the new regulations, but she had already talked to the trainer to do it soon.

Class III