STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	07/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Glen Lodges, Inc.	7435 Plathe Road New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013005660, was conducted on .

The Forest Glen Lodges, assisted living facility, had a deficiency at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview, two of three residents sampled (#2; 8) did not have an official contract from the latest facility they had been admitted to.

Findings include:

A review of the admission and discharge log during the survey found that Residents #2 and 8 had been admitted to the facility on and respectively. Further review of these files found that although both had contracts from the facility where they had previously lived, neither contained a signed agreement with the facility where they were currently residing. Interview with the administrator at approximately 12:20 p.m. on verified that no updated contracts had been prepared/signed for either individual.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Forest Glen Lodges, Inc.
7435 Plathe Road
New Port Richey, FL 34653

Dear Administrator:

Re: **CCR# 2013005660**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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