STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910231	07/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenbriar Manor	7555 131 St., North Seminole, FL 33776	

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

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) was conducted on .

The Greenbriar Manor, assisted living facility, had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to document observations of the resident general health, safety, and emotional well-being for 3 (Residents #1, #2, and #4) of 3 residents sampled for resident observations.

Findings include:

Review of the facility's resident roster provided by the administrator revealed that Resident #1 was admitted to the facility on . . . . . Resident #2 was admitted on . . . . . .

Review of Resident #1's resident observation log revealed that there was only one observation written in the past 4 years.

Review of Resident #2's resident observation log revealed that her last observation notes were written on . . . . . .

Review of Resident #4's record revealed that she was admitted on and only had one note, upon admission, in her resident observation log. There were no other resident observation notes even though the resident eloped from the facility in , according to the administrator.

In the interview with Staff A on . . . . . at approximately 5:10 p.m., she stated she needed to write observation

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notes for residents now since she was aware.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record reviews, and interviews, the facility failed to provide proper assistance with self-administration of medications for 1 (Resident #3) of 4 residents sampled during the noon medication pass.

Findings include:

Observation of Resident #3's medication pass on ..... at approximately 12:40 p.m. revealed that Staff A, a registered nurse (RN), pulled a pill organizer with the resident's name out of the medication drawer.

In the observation of and interview with Staff A on ..... at approximately 12:40 p.m., she stated that Resident #3 was "self-administer" for his medications and the pill box helps him. Staff A proceeded to demonstrate that the medications in the pill organizer matched the medications in the medication bottles. She gave the medications to the resident from the pill organizer and watched him take the medication. She signed for the medications on the medication observation records (MORs).

Review of Resident #3's MORs revealed that the resident received Delayed Release 250mg (treats ..... or and ..... 100mg (treats during the medication pass.

Review of the resident #3's health assessment, Form 1823 dated revealed that the resident was not "self-administer" for his medications, but needed "assistance with self-administration of medications."

In the interview with Staff A on ..... at approximately 5:00 p.m., Staff A stated that she believed that because she was a nurse she could put his medications in a pill box to give him his routine medications.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation and interview, the facility failed to ensure that all staff had documentation annually of freedom from for 3 (administrator, Staff A, and Staff B) of 3 sampled staff members.

Findings include:

Review of the administrator's and Staff A's employee records revealed that their last documentation for freedom from was on

Review of Staff B's employee record revealed that her last documentation of freedom from was on

Review of the administrator's, Staff A's, and Staff B's employee records revealed that there was no documentation of freedom from in the previous year, 2012.

In the interview with the administrator and Staff A on at approximately 4:30 p.m., they acknowledged that they did not complete an examination for in 2012.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure proper documentation of training for 3 (administrator, Staff A, and Staff B) of 3 employees sampled.

Findings include:

Review of facility's policy and procedures book revealed that the administrator, Staff A, and Staff B had participated in training at the facility, but the training was not dated and the number of hours was not indicated.

Interview with Staff A on at approximately 4:35 p.m. revealed that the administrator, Staff B, and herself had completed the required training, but they did not have the required documentation or certificates.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interviews, the facility failed to ensure that snacks were offered to all the facility's residents.

Findings include:

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Interview with Resident #5 on [redacted] at approximately 10:40 a.m. revealed that she got a snack every day, but she had to ask for them. The staff only offer snacks sometimes.

Interview with Resident #2 on [redacted] at approximately 11:10 a.m. revealed that she gets a snack 3 or 4 times a week. She stated that If she asked, she probably could have one every day.

Interview with Resident #1 on [redacted] at approximately 11:25 a.m. revealed that snacks are not given that often, maybe once a month. "I would like a snack."

In the interview with Resident #6 on [redacted] at approximately 11:45 a.m., she stated that there were no snacks. She may get one once or twice a month. She wants a snack.

Interview Staff A on [redacted] at approximately 3:50 p.m. revealed that when the residents have activities, we give a snack at about 2 or 3:00 p.m.

Observation of the movie time activity in the common area on [redacted] at approximately 2:30 p.m. revealed that only the approximately 5 residents that were participating in the activity were offered snacks at that time.

Class III

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview, the facility failed to ensure that all required staff completed 4 hours of continuing education in topics relating to the needs of residents requiring extended congregate care (ECC) services for 1 (the administrator) of 3 sampled employees.

Findings include:

Review of the administrator's employee record revealed that he had not completed any continuing education topics related to the needs of ECC residents in over 2 years.

Interview with Staff A, a facility owner, on [redacted] at approximately 4:30 p.m., she acknowledged that the required continuing education hours were not met.

Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on record reviews and interview, the facility failed to ensure that limited mental health residents had a community living support plan (CLSP) or an annually updated CLSP for 2 (Resident #1 and #2) of 2 sampled limited mental health residents.

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Findings include:

Review of Resident #1's record revealed she did not have a CLSP.
Review of Resident #2's record revealed that her last CLSP was done on .....

Interview with the Staff A on ..... at approximately 3:00 p.m. revealed that she was unaware of the requirement for the CLSP.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record reviews and interview, the facility failed to document the observed behaviors and activities that may affect the community living support plan (CLSP) goals or the services needed by the limited mental health (LMH) residents for 2 (Residents #1 and #2) of 2 sampled LMH residents.

Findings include:

Review of the facility's resident roster provided by the administrator revealed that Resident #1 was admitted to the facility on ..... Resident #2 was admitted on .....

Review of Resident #1's record revealed there was no CLSP. Her resident observation logs revealed that she only had one resident observation in the log dated ..... since her admission.

Review of Resident #1's record revealed her last CLSP was dated ..... The last notes written in her resident observation log were dated .....

This lack of resident observations made it difficult to determine progress made towards CLSP goals or any new services that LMH residents may have needed.

In the interview with the administrator and Staff A on ..... at approximately 2:00pm, they stated that they were unaware of the need for the observation notes.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record reviews and interview, this licensed limited mental health facility failed to ensure that all direct contact staff had completed 3 hours of continuing education in mental health topics biennially for 2 (the administrator and Staff B) of 3 sampled employees.

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Findings include:

Review of the administrator's and Staff B's records revealed that there was no documentation of any mental health continuing education in over 2 years.

Interview with the administrator and Staff A on . . . . . at approximately 3:05 p.m. revealed that they were unaware of this requirement.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Greenbriar Manor
7555 131 St., North
Seminole, FL 33776

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with extended congregate care (ECC) and limited mental health (LMH) 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 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161