STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	10/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Glade Garden	5860 91st Avenue Pinellas Park, FL 33782	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= B
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= B

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2013010768, was conducted on [redacted].

The Glade Garden, assisted living facility, had deficiencies at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to develop detailed written policies and procedures for responding to a resident elopement.

Findings include:

1. A review of facility records revealed the facility did not have a policy and procedure for responding to a resident elopement.
2. On [redacted] at approximately 10:30 a.m. and interview was conducted with the administrator. The administrator stated the facility does not have an elopement policy and procedure. The administrator stated she did not know the facility needed to develop an elopement policy and procedure.
3. On [redacted] at 11:26 a.m. an interview was conducted with staff A. Staff A confirmed the facility the facility did not have a policy and procedure to respond to resident elopements.

Class IV

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on interview and observations, the facility failed to maintain a written work scheduled reflecting a 24-hour staffing pattern in a given time period for two of two employees (the administrator and staff A).

The findings include:

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

1. On [redacted] at 9:45 a.m. an interview was conducted with the administrator. The administrator stated the facility has two employees (Staff A and herself) who provided care and service, she added the facility is staffed 24 hours a day. The administrator stated the facility does not have a written work schedule. The administrator added she was unaware she was required to have an employee work schedule.

2. On [redacted] at 11:26 a.m. Staff A was interviewed. Staff A stated she does not have scheduled working hours, she added she comes to the facility to work after her first job to relieve the administrator. Staff A stated the facility does not have a work scheduled.

3. On [redacted] at 9:55 a.m. a tour of the facility was conducted. An employee work schedule was not observed in the facility.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Glade Garden
5860 91st Avenue
Pinellas Park, FL 33782

Dear Administrator:

Re: **CCR# 2013010768**

This letter reports the findings of a complaint survey that was conducted on , 2013, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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