STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911784	03/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Glendale House	1706 North Highland Avenue Clearwater, FL 33755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey with limited nursing services (LNS) was conducted on [redacted].

The Glendale House, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation, interview, and record review, the facility staff failed to provide assistance with self administration of medications in a sanitary manner for 1 (Resident #7) of 2 residents sampled during the medication pass.

Findings include:

Observation of the medication pass and review of the [redacted] medication observation records (MORs) for Resident #7 on [redacted] at approximately 2:25pm revealed that after checking the medication label against the MORs and informing the resident about the medication to be given, Staff A then put the medication into her bare hand and gave it to the resident. Then he swallowed it. The medication given was [redacted] 100mg ER capsule.
In the interview with the administrator on [redacted] at approximately 4:30pm, she acknowledged that staff should not be touching the residents' medications with their bare hands.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record reviews and interview, the facility failed to ensure that the nurse contracted to provide Limited Nursing Services (LNS) to residents met the qualifications to provide those services by completing a Level 2 background screening.

Findings include:

Review of the LNS folder revealed that the registered nurse (Staff D) contracted to provide LNS did not have a background screening (BGS) on file.
Review of Staff D's information on the agency's background screening website revealed that a new screening was required. Her last BGS was 2007.

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Interview with the administrator on [redacted] at approximately 4:30pm revealed that she believed that Staff D had a Level 2 BGS from another agency and she would provide the surveyor a copy.
The copy of Staff D's BGS form another agency was never received.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Glendale House
1706 North Highland Avenue
Clearwater, FL 33755

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 2014, 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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