STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	10/21/2014
NAME OF PROVIDER OR SUPPLIER **Glenville Pines Ii Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **1491 San Filippo Dr Se Palm Bay, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:
0000-Initial Comments
A monitoring visit for Limited Nursing Services was conducted on Glenville Pines II had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (C) provided the facility with a healthcare provider statement to indicate they did not have any signs or symptoms of communicable including

Findings:

Personnel record review on at approximately 1:30 PM revealed staff #C was the nurse hired by contract on Continued review revealed a chest X-ray report dated indicated freedom from There was no evidence to confirm the nurse provided a statement from a healthcare provider to confirm freedom from communicable including

In an interview with the administrator on at approximately 1:30 PM, who stated she was not asked for that documentation before and it was not available.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 4 staff (C) received all the mandated in-service training within the required time frames.

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Findings:

1. Personnel record review on [redacted] at approximately 1:30 PM revealed staff #C was the nurse hired by contract on [redacted]. Continued review revealed no evidence to confirm the nurse received the following training: 1 hour elopement in-service; 1 in-service related to emergency preparedness and evacuation and reporting adverse & major incidents; 1 hour related to reporting /recognizing [redacted] /neglect/ [redacted]. There was no evidence he attended the Assisted Living Core training therefore exempt from the 1 hour in-service related to reporting /recognizing [redacted].

2. Personnel record review on [redacted] at approximately 1:30 PM revealed staff #B was hired on [redacted]. Continued review revealed no evidence to confirm she received a 3 hour in-service regarding resident behavior and needs and providing assistance with the activities of daily living. There was no evidence to confirm she was a Home Health Aide (HHA) or a Certified Nursing Assistant (CNA); therefore exempt from the 3 hour in-service.

In an interview with the administrator on [redacted] at approximately 1:30 PM, who stated he was not asked for that documentation before and it was not available.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (C) attended a one- time training regarding [redacted].

Findings:

Personnel record review on [redacted] at approximately 1:30 PM for staff C, hired by contract on [redacted] revealed no evidence to confirm he had attended a one- time training regarding [redacted].

In an interview with the administrator on [redacted] at approximately 1:30 PM, who stated she was not asked for that documentation before and it was not available.

Class III

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0083-Training - First Aid and . . . . 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . . . . Association, or National Safety Council; or a provider approved by the Department of Health was in the facility at all times when residents were present.

Findings:

In an interview with the administrator/owner/ Licensed Practical Nurse, on at approximately 1:30 PM, she stated the census was 1 resident, who was visiting family.

Personnel record review on . . . . . at approximately 1:30 PM revealed staff A was a caregiver. Continued review revealed a First Aid certificate that expired on . . . . . A Certificate from RN.ORG indicated she had attended an on line Fist Aid Certification class on . . . . . .

Personnel record review on . . . . . at approximately 1:30 PM revealed staff B revealed she was a caregiver. Continued review revealed a First Aid certificate given by a Registered Nurse on . . . . . The . . . . certificate was from . . . . PRO, an on-line training service was dated

In an interview with the administrator on . . . . . at approximately 1:30 PM, who stated she was not aware that on -line First Aid and . . . . were not acceptable.

Class III

0090-Training - . . . . . 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (B) received a 1 hour in-service training within 30 days of hire, regarding the facility's policies and procedures regarding . . . . . .

Findings:

Personnel record review on . . . . . at approximately 1:30 PM revealed staff C was the nurse hired by contract on . . . Continued review revealed no evidence to confirm the nurse

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received: 1 hour elopement in-service regarding the facilities policies and procedures regarding within 30 days after employment. Training must consist of the information included in Rule 58A-5.0186, F.A.C

In an interview with the administrator on at approximately 1:30 PM, who stated she was not asked for that documentation before and it was not available.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on interview the facility failed ensure personnel record for 1 of 4 sampled staff (C) records contained copies of all certifications for all staff providing services that require certification.

Findings:

Personnel record review on at approximately 1:30 PM for staff C, hired by contract on revealed no evidence to confirm he had current Cardio-Pulr certification.

In an interview with the administrator on at approximately 1:30 PM, who stated she was not asked for that documentation before and it was not available.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on interview the facility failed to ensure it employed or contracted with a nurse(s) who must be available to provide Limited Nursing Services (LNS) as needed by residents.

Findings:

In an interview with the administrator on at approximately 1 PM, who stated she hired a Registered Nurse by contract to provide LNS services.

Personnel record review on at approximately 1:30 PM revealed staff C was the nurse hired by contract on

The administrator placed a call to the nurse in the presence of the Agency representative and

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left a message to call the facility or the Agency representative.

A call was not received by end of business on . . . . . The call was not returned by the nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Glenville Pines Ii Assisted Living Facility
1491 San Filippo Dr Se
Palm Bay, FL 32909

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a 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 after 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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