STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966172	02/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Highlands (the) At The Glenrid	**7333 Scotland Way Sarasota, FL 34238**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:
An unannounced Extended Congregate Care survey was conducted on , at Highlands at Glenridge, an Assisted Living Facility located in Sarasota, Florida.

The following is description of the deficiencies:

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and interview, the facility failed to provide direct care staff the Extended Congregate Care (ECC) training within 6 months of employment for 1 (Staff D) of 3 records reviewed.

The findings included:

The facility holds a specialty license for ECC. Staff D is noted to have signed, thereby documenting care or services provided to Resident #1 who is currently receiving ECC services.

Record review on , determined Staff D was hired on as a Licensed Practical Nurse (LPN). There was no documentation found verifying a 2-hour ECC in-service training.

Interview on , at 11:15 a.m. with Staff A, she confirmed there is no documentation to prove Staff D received the training and says she'll have Staff D complete the training right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Highlands (the) At The Glenrid
7333 Scotland Way
Sarasota, FL 34238

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 after 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 this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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