STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	06/12/2015
NAME OF PROVIDER OR SUPPLIER **GLADE GARDEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **5860 91ST AVENUE** **PINELLAS PARK, FL 33782**	

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

0000 Initial Comments

Assisted Living Facility

Amended

A biennial state licensure survey with limited mental health (LMH) services was conducted on / .

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

Please be advised that Tag A078 was administratively deleted on / .

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents whose file was sampled (#1) was incomplete.

Findings include:

A review of Resident #1's record during the survey found that the health assessment for Resident #1 only included the first page. It was missing the remaining 4 pages of the document, including the date the evaluation was conducted, the resident's functional capacity in the core ADL areas, including medication self-administration, whether the resident had any skin pressure areas, required 24-hr. care, as well as the signature of the examining health care provider. Interview with the designee at approximately 11am on / confirmed that no subsequent assessment had been obtained.

Class III

0032 Resident Care - Elopement Standards

Based on record review and interview, the facility did not maintain an elopement policy and procedure, nor did it have available for review any of the elopement drills it had conducted over the last 2 years.

Findings include:

At approximately 10am on , the facility's elopement policies and procedures, as well as its latest elopement drills, were requested but never furnished. The administrative designee stated in an interview at this time that "he was unaware where this paperwork was filed."

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Class III

0052 Medication - Assistance with Self-Admin

Based on observation and record review, one of one staff observed (B) did not completely adhere to the procedures of medication self-administration assistance, per Rule 58A-5.0191, F.A.C. with respect to one of one resident sampled (#3).

Findings include:

At approximately 12:10pm on , Staff B was noted to be giving Resident #3 two (2) tablets of medication, 250mg, and 50mg. He was heard telling the resident, "here's your meds!" Review of the medication observation record (MOR) at this same time found Staff B's initials in the 12noon box for both drugs; these had been signed off just prior to the employee approaching the dining where the resident was sitting. In addition, review of the 4pm dosage time for the found the staff person's initials already signed. Interview with the designee at approximately 12:30pm on provided no clarification for the above-mentioned discrepancies.

Class III

0081 Training - Staff In-Service

Based on record review and interview, one of one staff sampled (B) who had been employed at least 30 days had not received all the required training in the core areas.

Findings include:

A review of the personnel file of Staff B (hired 2013) during the survey found there was no documented evidence that this employee had received training in the following areas: a) control/universal precautions; b) / ; c) resident rights in an ALF; d) recognizing and reporting resident , neglect and ; e) emergency protocols including chain of command/staff roles relating to emergency evacuation and both major and adverse incident reporting; f) elopement policy/procedures; and g) 3 hr. training in resident behavior and needs and providing residents with assistance with activities of daily living (ADLs). Interview with the designee at approximately 1:45pm on confirmed that there was no documented verification that he had been trained in these areas.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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0085 Training - Nutrition & Food Service

Based on record review and interview, two of two staff sampled (A; B) had not obtained the 2 hours continuing education in topics pertinent to nutrition and food service in an ALF on an annual basis.

Findings include:

A review of the personnel files for Staff A and B (both hired 2013) during the survey revealed that although both had taken a one (1) hour safe food handling class in 2013, neither had obtained a 2 hour nutritional update in either 2014 or 2015. Interview with Staff B at approximately 12:45pm on indicated that "the administrator had not exactly designated anyone to be in charge of the facility's food service, and that they hadn't taken an update because they were simply not aware of the requirement."

Class III

0090 Training -

Based on record review and interview, one of one direct care staff (B) who had been employed at least 30 days had not received formal training regarding the facility's policies/procedures pertaining to

Findings include:

During an employee interview at approximately 11:35am on , Staff B was unable to state what a " "was. A review of this individual's personnel file revealed that there was no documentation that any training regarding the facility's policy (ies) and procedures had been provided. Further interview with Staff B indicated that he had never received this training.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility was not necessarily meeting its residents' nutritional needs.

Findings include:

At approximately 10:20am, the facility's menus were requested but never furnished. The designee

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explained that "he normally served whatever the residents wanted--usually determined about 1-2 meals in advance, and that he didn't really follow any menu." Although a 4 week cycle of menus was observed, none of these documents had any portion sizes, nor had any of them been officially reviewed and approved by a dietitian or other dietetic professional. It was also unclear how, if at all, the facility could accommodate any residents on a therapeutic diet. Finally, no menu substitution logging system could be ascertained. Interview with the designee at approximately 11:35am on provided no clarification; he stated that "he and the administrator were not completely sure of this requirement."

Class III

0161 Records - Staff

Based on record review and interview, the personnel file for one of two staff sampled (B) did not contain documentation verifying freedom from signs and symptoms of communicable .

Findings include:

A review of Staff B's (hired 2013) personnel record during the survey found no freedom from signs and symptoms of communicable evaluation from a health care provider. Interview with the designee at approximately 1pm on / confirmed that said document was not available for inspection.

Class III

0162 Records - Resident

Based on record review and interview, one of two residents whose files were sampled (#1) did not have a weight record initiated upon admission, nor had there been any weights recorded semi-annually.

Findings include:

A review of Resident #1's file during the inspection revealed that upon this individual's admission to the facility, no weight record could be located. In addition, no subsequent weights could be found for Resident #1. Interview with the designee at approximately 1:20pm on / verified that no formal weights had been obtained for Resident #1.

Class III

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L241 LMH - Records

Based on record review and interview, the community living support plan (CLSP) for one of two LMH residents sampled (#5) had not been updated on an annual basis.

Findings include:

A review of the file for Resident #5 revealed that the latest CLSP was from . Further review of the record found no subsequent support plan having been developed. Interview with the designee indicated that no other CLSP had been obtained for Resident #5.

Class III

L243 LMH - Training

Based on record review and interview, one of two staff sampled who had been employed at least 6 months at the facility (A) had not yet received the minimum 6 hours of training provided by or approved by the Department of Children and Families.

Findings include:

A review of Staff A's personnel record during the inspection found that she had been working at the facility since at least in a caregiving role. Further review of the file found no documented evidence that Staff A had received the required 6 hours of training provided by or approved by the Dept. of Children and Families. Interview with Staff A at approximately 4:30pm on verified that she was aware that she needed to complete this training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

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

RE: Amended Report

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on , 2015, 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 of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit. Please be advised that Tag A078 was administratively deleted on .

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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