AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964457	08/04/2015
NAME OF PROVIDER OR SUPPLIER **GREENBRIAR RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **3615 MCNEIL ROAD** **APOPKA, FL 32703**	

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

0000 Initial Comments

The biennial re-licensure survey was conducted on . Greenbriar Retirement Home Assisted Living Facility had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to ensure residents were treated with consideration and respect and due recognition for the need for privacy for 1 of 2 sampled resident records reviewed (#9).

Findings:
Observation on / / at approximately 11:45 AM during the med pass revealed Staff A took the medication to the dining and read the label to the resident. There was another resident sitting at the dining . Staff A did not provide privacy to resident #9 when she was assisting with self-administration of medications.

In an interview with the administrator on at approximately 4 PM who was not aware the staff did not provide privacy when assisting with self-administration of medication.
Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to ensure the food service designee completed 2 hours of continuing education annually.

Findings:

Review of employee files revealed Staff A, who was the food service designee, had one hour of continuing education in food service dated / / . The staff needed an additional hour of continuing education in food service.

In an interview with Staff A on at approximately 2 PM who stated she had taken one hour of continuing education in food services in 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Greenbriar Retirement
3615 McNeil Road
Apopka, FL 32703

RE: Relicensure w/ECC

Dear Administrator:

This letter reports the findings of a state licensure survey 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** 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.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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