STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	R
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 revisit to a biennial state licensure survey with limited mental health (LMH) was conducted on / .

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

Please be advised that Tag A078 was administratively deleted on .

0085 Training - Nutrition & Food Service

Based on record review and interview, three of three staff sampled (A-C) had not yet obtained the 2 hours of 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 found that although both had taken a 1 hour food handling class , no other dietary training had been obtained since the 2 hr. training in 2013. Interview with the administrator's husband (Staff B) at approximately 11:40am on / revealed that "they thought the 1 hour safe food handling class met the requirement that had been cited."

(Please note: This is an uncorrected deficiency from the / survey).
Class III

0090 Training -

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

A review of Staff B's personnel file during the revisit found no documented evidence that this individual had been formally trained regarding the facility's policies/procedures. Interview with facility staff at approximately 10:45am on provided no clarification for this missing documentation.

(Please Note: This is an uncorrected deficiency from the / survey).

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	R **08/18/2015**
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)

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967983	A. Building B. Wing	8/18/2015

Name of Facility	Street Address, City, State, Zip Code
GLADE GARDEN	5860 91ST AVENUE PINELLAS PARK, FL 33782

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed	ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2 LSC	Correction Completed
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed	ID Prefix AL243 Reg. # 429.075(1) FS; 58A-5.0191(LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 9/30/15	**Signature of Surveyor:**		**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September , 2015

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

RE: Amended Report

Dear Administrator:

This letter reports the findings of a state licensure revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the 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. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

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St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
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