STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966172	11/02/2015
NAME OF PROVIDER OR SUPPLIER **HIGHLANDS (THE) AT THE GLENRID**	STREET ADDRESS, CITY, STATE, ZIP CODE **7333 SCOTLAND WAY** **SARASOTA, FL 34238**	

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

0000 Initial Comments

An unannounced relicensure survey with extended congregate care was conducted / at Highlands at Glen Ridge an assisted living facility, in Sarasota, Florida.

The following is description of the deficiencies that were found at the time of the visit.

0090 Training -

Based on record review and interview, the facility failed to ensure 1 (Staff D) of 3 employees reviewed had ( ) policy and procedure training.

The findings included:

Review of Employee D's staff record showed a hire date of . Employee D had not had training.

Interview on / at 2:00 p.m. with the facility Manager, confirmed that employee has not received the training.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure 1 (Staff D a resident care giver) of 3 employee records reviewed had a current level 2 background screening.

The findings included:

A review of Staff D's personnel record showed a hire date of . A review of her application showed she had been unemployed for more than 90 days prior to her date of hire.

On / at 2:00 p.m., an interview was conducted with the Manager of Assisted Living and Director of Health Services. She reviewed the personnel record and verified the break in service. The Manger of Assisted Living called the employee and removed her from the staff schedule pending outcome of her new level 2 background screening.

Unclassified

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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 representatives 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com