STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	01/26/2016
NAME OF PROVIDER OR SUPPLIER **GLENVILLE PINES II ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1491 SAN FILIPPO DR SE** **PALM BAY, FL 32909**	

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

0000 Initial Comments

Re-licensure survey with Limited Nursing Services (LNS) was conducted on . Glenville Pines II had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on observations, record review and interview the facility did not ensure medications were given as ordered by the healthcare provider for 1 of 2 sampled residents (#1).
Findings:
Observations during the medication pass at 9:25 AM, noted resident #1 did not get . Staff D stated that he did not give her the medications today because it was for .
Resident record review revealed the 2016 Medication Observation Record (MOR) listed 17 gram every 3 days for at 9 AM. The MOR 2016 indicated, evident by staff initials, that the medication was given on 1/4, 1/6, , , , , and from to , not every 3 days as ordered. The prescription label dated indicated take 17 grams with 8 ounces of water every 3 days.
In an interview with the Administrator on at 11 AM, who stated she used to cross off the days the medications were skipped, but did not do it for . Most likely the staff signed by mistake.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility did not make sure the unlicensed staff who assisted 1 of 1 residents (#1) with self-administration of medications followed the correct procedure.
Findings:
Observations on at 9:25 AM during the medication pass noted that Staff #D took the medication from locked medication cabinet. He left the closet opened and placed the bubble packs on the table and went to get a pen on the counter nearby. The resident sat at the table. He told the resident the name of the medication and poured the pills one by one in a cup. As he poured, he signed the Medication Observation Record. He returned the medications to the closet and left it unlocked.

In an interview with the Administrator on at 11 AM, who stated staff D became nervous during the medication pass.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	**01/26/2016**
NAME OF PROVIDER OR SUPPLIER **GLENVILLE PINES II ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1491 SAN FILIPPO DR SE PALM BAY, FL 32909**	

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

Based on personnel record review and interview the facility did not make sure that 1 of 2 unlicensed staff (B) received the initial 4-hour training regarding providing assistance with self-administration of medications that was done by a Registered Nurse or a Pharmacist.
Findings:
In an interview with staff B on / at 1 PM, who stated she at times assisted residents with self-administration of medications.
Personnel record review for staff B revealed a certificate of training dated / that indicated 4 hours of training regarding providing assistance with self-administration of medications. The certificate contained the signature of a "training facilitator". The certificate did not contain the credential of the individual who gave the training.
In an interview with the Administrator on / at 3:30 PM, who stated she overlooked the certificate.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility did not make sure that 2 of 2 sampled resident records (#1 & #2) contained all the required components.
Findings:
Observations on / / at 9:25 AM noted that Staff C provided assistance with self-administration of medications to resident #1.
Resident record review for resident #1 revealed a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., dated /, however it did not indicate whether or not the facility staff would or not be overseen by a nurse.
Resident record review for resident #2 revealed a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., dated /, however it did not indicate whether or not the facility staff would or not be overseen by a nurse.
In an interview with the Administrator on / at 3:30 PM, who stated she overlooked the forms and the unlicensed staff assisted with medications. Since she was a Licensed Practical Nurse, she administered and did sugar testing.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Glenville Pines II Assisted Living Facility
1491 San Filippo Dr SE
Palm Bay, FL 32909

RE: Relicensure w/Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 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 , 2016.** 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

XG90

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