STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	06/20/2016
NAME OF PROVIDER OR SUPPLIER **FOREST GLEN LODGES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7435 PLATHE ROAD** **NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2016003149) was conducted at Forest Glen Lodges, Inc. on . Forest Glen Lodges, Inc. had a deficiency at the time of the investigation.

(License number 5243)

Z814 Backaround Screenina Clearinahouse

Based on interview and record review, the facility failed to maintain the employment status of employees (Employee Roster) within the AHCA background screening clearinghouse (Clearinghouse) within 10 days of initial employment for 3 (Resident Care Supervisor, Med Tech A, and Staff A) of 3 employee records reviewed.

Findings included:

A review of the facility ' s Employee Roster in the Clearinghouse was conducted on at 10:41 AM and it showed that no employees were listed.

A review of employee records conducted on / showed that the Resident Care Supervisor had a date of hire of , Med Tech A had a date of hire of , and Staff A had a date of hire of .

An interview was conducted with the assistant administrator and marketing director at 7:08 PM on / concerning the lack of entries in to the Employee Roster in the Clearinghouse. Both stated that they were not aware of the requirement to maintain the Employee Roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Forest Glen Lodges, Inc.
7435 Plathe Road
New Port Richey, FL 34653

RE: CCR# 2016003149

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the identified deficiency. 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 deficiency identified on your survey, which may include a desk review or onsite revisit.

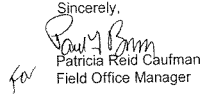
The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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,



Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90