STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967983	**05/02/2017**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on records review and interview, the facility failed to register with the clearinghouse and maintain employment status of all employees within the clearinghouse for 3 of 3 employees.

Findings included:

A review of the facility background screening clearinghouse roster on revealed that there were no staff names listed on the roster. A review of the facility background screening clearinghouse roster on revealed that there were no staff names on the roster. The facility employs 3 staff members including the Administrator, Staff B and Staff C. In an interview with the Administrator at 1:00pm on , the Administrator stated that the facility had not registered any of the staff on the background screening clearinghouse roster because they were not aware of the requirement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

An unannounced biennial licensure survey with limited mental health (LMH) & extended congregate care (ECC) was conducted on .

The Glade Garden, Assisted Living Facility, License # 12375, had deficiencies at the time of this visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on records review and interview, the facility failed to provide evidence of a negative examination on an annual basis for 1 of 3 employees reviewed.

Findings included:

A review of the employee records for Staff C was conducted on . The review revealed that the most current evidence of a negative examination for Staff C was dated , which was more than one year ago by 10 months. An interview with the Administrator at 11:00am was conducted and the Administrator stated the facility would need to find out if Staff C had a more current examination. At 3:30pm on , the Administrator was not able to provide documentation of a current examination for Staff C.

Class III

E201 - ECC - Policies - 58A-5.030(2) FAC

Based on records review and interview, the facility failed to provide Extended Congregate Care policies and procedures while holding a valid ECC license.

Findings included:

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

On , at 10:30am, the facility's ECC binder containing the facilities policies and procedures for ECC residents, as well as ECC staffing, documentation of ECC training were requested for review. The Administrator and Staff B stated that they had no ECC residents and were not aware of the requirement to provide their plans for implementing requirements for ECC residents. The Administrator conveyed that they were under the impression that they did not need to do anything until after they had an ECC resident in the facility.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on records review and interview, the facility failed to employ or contract the services of a nurse to provide nursing services for ECC residents while holding a valid ECC license.

Findings included:

On , at 10:30am, the facility's ECC binder containing the facilities policies and procedures for ECC residents, as well as ECC staffing, documentation of ECC training were requested for review. The facility responded that they had no ECC records for review and that they had not contracted the services of a qualified nurse to provide services for ECC residents. The Administrator and Staff B stated that they had no ECC residents and were not aware of the requirement to have a contract in place with a registered nurse. The Administrator conveyed that they were under the impression that they did not need to have a nurse under contract until after they had an ECC resident in the facility.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on records review and interview, the facility failed to demonstrate 4 hours of initial ECC training for the Administrator/ECC Supervisor and failed to demonstrate at least 2 hours of ECC in-service training for 2 of 2 direct care staff.

Findings included:

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

On , at 10:30am, the facility's documentation of the Administrator/ECC Supervisor's 4-hour initial ECC training and the 2 direct care staff member's (Staff B and Staff C) 2-hour in-service ECC training were requested. The facility responded that no one in the facility had any ECC training even though all 3 of them had been there since the facility received their ECC license one year ago. The Administrator and Staff B stated that they had no ECC residents and were not aware of the requirement to have the ECC training until after they received their first ECC resident.

Class III