STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	R **02/22/2018**
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

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on , 2018. Glenville Pines 2 Assisted Living Facility, license #12461, had a deficiency at the time of the revisit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 2 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

Observations made on at 2:50 pm revealed staff C, who identified herself as a caregiver, was present in the facility.

Personnel record review for staff C revealed a hire date of .

The record did not contain documented evidence to indicate staff C received a minimum of 3 hours of in-service training that covered resident behavior and needs and providing assistance with the activities of daily living, as required.

On at 3:45 pm, the administrator confirmed the finding and said staff C had not completed the training because she had a , because her English was not too good.

Class III