STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	**04/18/2018**
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 Change of Ownership (CHOW) survey with Limited Nursing Service (LNS) was conducted on , , 2018. Glenville Pines 2 Assisted Living Facility, License #12461, had deficiencies at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to follow a medication list for a resident who received assistance with self-administered medications (#1).

Findings:

Resident #1's record revealed a health assessment form 1823, dated on , that indicated the resident required assistance with self-administered medications. A physician visit note, dated on , contained an updated medication list for resident #1 which included 0.1 milligram (mg.) tablet, 1 tablet by mouth daily and Saw Palmetto 450 mg. capsule, 1 capsule daily.

Review of resident #1's , 2018 Medication Observation Record (MOR) revealed the and the Saw Palmetto were not listed.

On at 1 pm, the administrator confirmed the findings and said the facility did not give the and Saw Palmetto medications to resident #1 because the medication list dated on was wrong. She said the physician was not contacted to obtain clarification of the updated medication list.

Class III

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interviews and record review, the facility failed to furnish a complete and verified statement of all funds to a resident whose funds were kept by the facility (#3).

Findings:

On at 9:55 a.m., resident #3 said the facility kept her money and she signed something each time she took some out. She said she did not receive financial statements from the facility.

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On . . . . at 10:30 a.m., the administrator confirmed the facility kept money for resident #3. The administrator provided an envelope that she said contained the resident's money, and said each time the resident requested some of the money, the resident signed the outside of the envelope. The administrator said a financial statement was never furnished to the resident.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record reviews and interview, the facility failed to record a semi-annual weight for a resident who received assistance with the Activities of Daily Living (#4).

Findings:

Resident #4's record revealed an admission date of . Health assessment form 1823, dated on . . . . . , indicated that resident #4 required assistance with all Activities of Daily Living (ADLs)

The only recorded weight for resident #4 during the year 2017 was on . . . . .

On . . . . at 12:35 p.m., the administrator confirmed the finding.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit its emergency management plan for review and approval to the local emergency management agency within 30 days after obtaining a license.

Findings:

Review of a health care licensing application, dated on . . . . , revealed the facility applied for a Change of Ownership and review of the facility's provisional license revealed an effective date of . . . . .

On . . . . at 10:36 a.m., a request was made to review the approval letter of the facility's emergency management plan. The administrator said the facility's plan was not submitted to the local emergency

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SUMMARY STATEMENT OF DEFICIENCIES
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management agency, therefore the facility did not have an approval letter from the county.

Class III