STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	**07/23/2018**
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)

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

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including initial employment status and any changes in status within 10 business days, for 2 of 28 employees providing services for a current census of 53 in-house residents.

Findings included:

A review of Resident Care Assistant Staff A's personnel record on revealed a hire date of . A review of Resident Care Assistant Staff B's personnel record on revealed a hire date of . Facility Staff Schedules reviewed on revealed that both Staff A and Staff B are currently scheduled to provide resident care services.

Review of the facility's Employee Roster on the AHCA Background Screening site on revealed that Staff A and Staff B are not included on the facility's Employee Roster.

An interview with the Assistant Administrator was conducted on at 12:31pm. The Assistant Administrator confirmed employment of Staff A and Staff B and acknowledged that Staff A and Staff B were not on the facility's Employee Roster. The Assistant Administrator stated: "I haven't had a chance to update it. I know that they're not on there."

Unclassed

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that 1 of 3 direct resident care employees (of facility with 53 in-house residents) completed level 2 background rescreening every 5 years as a condition of continuing employment.

Findings included:

A review of Resident Care Assistant Staff C's personnel record on revealed a hire date of . Staff C's personnel record contained a level II background screening deeming Staff C eligible for employment on . Staff C's file did not contain a level 2 background rescreening, due by , deeming Staff C eligible for continued employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the facility's Employee Roster on the AHCA Background Screening site and Staff C's eligibility status on . . . . revealed: "A New Screening is Required."

An interview with the Assistant Administrator was conducted on . . . . at 12:31pm. The Assistant Administrator confirmed continued employment of Staff C and acknowledged Staff C's level II background screening not being current. The Assistant Administrator stated: "I'll have to request a new screening, I haven't had a chance."

Unclassed

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey was conducted on .

The Forest Glen Lodges, Assisted Living Facility (License #5243), had deficiencies at the time of this visit.

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

Based on record review and interview, the facility (with an in-house census of 53 residents) failed to ensure that 1 of 3 resident care personnel reviewed had a statement completed by a health care provider (Medical Doctor, Physician's Assistant, or Advanced Registered Nurse Practitioner) within 6 months prior to hire date or within 30 days of hire that the staff is free of communicable including .

Findings included:

A review of Resident Care Assistant Staff B's personnel record on revealed a hire date. There was no documentation of freedom of communicable including in Staff B 's file.

An interview with the Human Resources Director was conducted on at 12:03pm. The Director acknowledged the lack of a statement of freedom of communicable including in Staff B's personnel record and stated: "He should have it. I can't find it in here."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility (with an in-house census of 53 residents) failed to ensure that 1 of 3 resident care personnel reviewed had in-service training required within 30 days of hire.

Findings included:

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

A review of Resident Care Assistant Staff B's personnel record on revealed a hire date. There was no documentation in Staff B's file of in-service training required within 30 days of hire in Activities of Daily Living and Behavioral Needs, Emergency Preparedness and Evacuation Policies & Procedures, Elopement Response, Incident Reporting, Resident Rights and Recognizing and Reporting , Neglect and .

An interview with the Human Resources Director was conducted on at 12:05pm. The Director acknowledged the lack of training documentation in Staff B's personnel record and stated: "I didn't know. I thought the pre-orientation covered it. He'll have to do it."

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility (with an in-house census of 53 residents) failed to ensure that 1 of 3 resident care personnel reviewed obtained training in ( ) / ( ) within 30 days of employment.

Findings included:

A review of Resident Care Assistant Staff B's personnel record on revealed a hire date. There was no documentation in Staff B's file of training in / .

An interview with the Human Resources Director was conducted on at 12:05pm. The Director acknowledged the lack of training documentation in Staff B's personnel record and stated: "I didn't know, I thought the pre-orientation covered it. He'll have to do it."

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on observation, record review, and interview, the facility (with an in-house census of 53 residents, including 22 residents in Memory Care Unit) failed to ensure that 1 of 3 resident care personnel reviewed completed 4 hours of Level II 's and Related (ADRD) training within 9 months of hire.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A tour of the facility and interviews with management and resident care personnel on beginning at 9:30am revealed that the facility maintains a secured area serving residents with 's and Related (ADRD). Staff A, B, & C are Resident Care Assistants who provide resident care and services for all facility residents.

A review of Resident Care Assistant Staff C's personnel record on revealed a hire date of . There was no documentation in Staff C's file of Level II 's and Related (ADRD) training.

An interview with the Human Resources Director was conducted on at 12:20pm. The Director acknowledged the lack of 's Level II Training (ADRD) documentation in Staff C's personnel record and stated: "I would have sworn on a stack of bibles she had it, but I don't see it. I know we did it. Everyone gets 's Level I and II training."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility (with an in-house census of 53 residents) failed to ensure that 1 of 3 resident care personnel reviewed received training within 30 days of hire in the facility's ( ) Policies and Procedures.

Findings included:

A review of Resident Care Assistant Staff B's personnel record on revealed a hire date. There was no documentation in Staff B's file of training in the facility's ( ) Policies and Procedures, required within 30 days of hire.

An interview with the Human Resources Director was conducted on at 12:05pm. The Director acknowledged the lack of training documentation in Staff B's personnel record and stated: "I didn't know, I thought the pre-orientation covered it. He'll have to do it."

Class III