STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912083	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Glen I	659 East Orange Street Tarpon Springs, FL 34689	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on

The Shady Glen I Assisted Living Facility had deficiencies cited during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews, and interviews, the facility failed to ensure that the health assessment, Form 1823 indicated the type of medication assistance needed for 2 (Residents #1 and #2) of 2 residents sampled for record review.

Findings include:

Interview with Resident #1 on at approximately 9:40am revealed that the staff gave her the medications.
Review of Resident #1's medication observation records revealed that she received assistance with medications from staff.
Review of Resident #1's health assessment, Form 1823 dated / revealed on page 4, section B that the resident did not need assistance with taking her medications.
Review of Resident #2's health assessment, Form 1823 dated revealed on page 4, section B that the resident needed medication administration.
The employee schedule and employee records did not indicate that there were any nurses working in the facility to provide medication administration.
In the interview with the administrator (Staff A) on at approximately 4:05pm, she acknowledged that Resident #1 needed the type of help she needed with medications indicated on the form. She also acknowledged that Resident #2 needed to have "assistance with self-administration with medications" marked on the health assessment instead of "medication administration."

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all employees had completed a one-time course on ( )/ ( ) within 30 days of hire for 1 (Staff C) of 3 staff members sampled for employee record review.

Findings include:

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Interview with the administrator (Staff A) on at approximately 2:35 p.m. revealed that Staff C started working at the facility in 2007. Review of Staff C's employee records revealed that she did not have documentation of a completed / course.
Interview with the administrator on at approximately 3:00 p.m. revealed that she believed that Staff C had completed the course.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Shady Glen I
659 East Orange Street
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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.

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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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