

Gold Seal Staff Analysis for PREMIER PLACE AT THE GLENVIEW

Background Info

NH Name PREMIER PLACE AT THE GLENVIEW
 NH Addr 100 Glenview Place
 NH City Naples
 NH Zip 34108-
 NH Voice (239) 591-0011
 NH Fax
 NH eM
 NH Web www.glenviewnaples.com
 NH AO 8
 PermID 81109

Nominator Name Steve Bahmer
 Nominator Addr 1812 Riggins Road, Suite 1
 Nominator City Tallahassee
 Nominator Zip 32308-
 Nominator Voice (850) 671-3700
 Nominator Fax (850) 671-3790
 Nominator eM
 Nominator Web www.LeadingAgeSoutheast.org

Application Received 2024-09-04

Nomination Received 2024-09-04

Staff Review

	Date Completed	Pass	Comment
Record Review by J. Williams	2024-10-15	<input checked="" type="checkbox"/>	This facility is owned by Pelican Bay Retirement Services, Inc. This is a 42-bed facility and is a Medicare provider. This facility is part of a Continuing Care Retirement Community. According to the Nursing Home Guide, this is a 5-star facility.
Quality of Care Review by J. Williams	2024-10-15	<input checked="" type="checkbox"/>	The facility is in the upper 5th percentile of skilled nursing facilities in the region covering the period of January 1, 2022, through June 30, 2024. This facility meets the requirements of Rule 59A-4.200(4), Florida Administrative Code.
Conditional Review by J. Williams	2024-10-15	<input checked="" type="checkbox"/>	The facility has not received either a Class I or II deficiency nor a Conditional license over the past 30 months.
Financial Review by D. Hillman	2024-09-23	<input checked="" type="checkbox"/>	The facility has met the financial requirements of Section 400.235, Florida Statutes and Rule 59A-4.200, Florida Administrative Code.
Staffing Review by J. Williams	2024-10-15	<input checked="" type="checkbox"/>	The facility has met the staffing stability and turnover rate as required by Section 400.235(5)(e), Florida Statutes and Rule 59A-4.200(6), Florida Administrative Code.
Ombudsman Review by M. Hart	2024-10-08	<input checked="" type="checkbox"/>	Based on a review of the facility's complaint history, the facility did not have any Long-Term Care Ombudsman Program verified complaints that resulted in a citation(s) by the Agency for Health Care Administration. Therefore, the applicant meets the requirement of Section 400.235(5)(f), Florida Statutes.
Preliminary Report by		<input type="checkbox"/>	
Facility Presentation to Panel		<input type="checkbox"/>	



Application for Nursing Home Gold Seal Award



Refer to sections 400.235, Florida Statutes and 59A-4.200, Florida Administrative Code for regulations. Attach additional pages as necessary to respond to information requested.

Note: There is a 50 page maximum limit on supplemental information included with this application for review.

*Please do not include resident privileged and confidential and/or protected health information (PHI) which may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, (HIPAA).

Please send letter of recommendation, attachments and completed application to:

Agency for Health Care Administration
Long-Term Care Unit
2727 Mahan Drive, MS 33
Tallahassee Florida 32308
Phone: (850) 412-4303 Fax: (850) 410-1512

A. Nursing Home Information

Facility Name: Premier Place at The Glenview		
Address: 100 Glenview Place	City: Naples	Zip Code: 34108
Telephone: 239-591-0011	Web Site: www.GlenviewNaples.com	
Facility Licensee Name: Pelican Bay Retirement Services, Inc.		

Facility Contact Person for Gold Seal Information

Name: Daniel Gomez	Title: Executive Director
Telephone: 239-591-0011	E-mail: dgomez@glenviewnaples.com

B. Recommending Person or Organization - Section 400.235(6), Florida Statutes

Received

Name: Steve Bahmer	SEP 04 2024
Profession/Type of Organization: President, CEO/Leading Age Florida	Central Services

C. Financial Soundness and Stability - Section 400.235(5)(b), Florida Statutes and Rule 59A-4.200(5), F.A.C.
Attach evidence of financial soundness and stability in accordance with the protocol contained in agency rule 59A-4.200(5), F.A.C.

D. Regulatory History will be verified- Section 400.235(7), F.S.

Has the facility been licensed and operating for the past 30 months? Yes No

Date the current licensee became licensed to operate this facility. 06/01/1994

E. Consumer Satisfaction - Section 400.235 (5)(c), Florida Statutes and Rule 59A-4.200(2)(a)4.a., F.A.C.

Attach evidence, within the 30 months preceding this application, demonstrating consumer satisfaction in your facility and demonstrate that information is elicited from residents, family members, and guidance in accordance with this section of the Florida Statutes.

F. Community / Family Involvement - Section 400.235(5)(d), F.S. and Rule 59A-4.200(2)(a)4.b., F.A.C.
Describe or attach evidence of the regular involvement of families and members of the community in the facility for the period of 30 months preceding this application.

We are a mission driven community, committed to supporting various local and national organizations: St Matthew's House Food Drive, Toys for Tots, Alzheimer's Walk to End Alzheimer's, Employee Assistance Program Premier Place is the preferred provider for Physician Regional Hospitals, Naples Community Hospitals and Millennium Physician Group. This preferred provider status is based on CMS STAR rating, clinical outcomes, re-hospitalization rates and customer service satisfaction.

G. Stable Workforce - Section 400.235(5)(e), Florida Statutes and Rule 59A-4.200(6), F.A.C.

Provide information demonstrating the facility's effort to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

Attach evidence of meeting at least one of the following:

A turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application (turnover rate will be computed in accordance with Rule 59A-4.200(6)(a)1., F.A.C.); or

A stability rate to include that at least 50 percent of its staff have been employed at the facility for at least one year (stability rate will be computed in accordance with Rule 59A-4.200(6)(a)2., F.A.C.).

H. Target In-service - Section 400.235 (5)(g), Florida Statutes and Rule 59A-4.200(2)(a)4.c., F.A.C.

Describe or attach information demonstrating how in-service training meets the training needs identified by internal or external quality assurance efforts for the period of 30 months preceding this application.

Please see attached

I. Best Practices

Describe the facility's best practices and the resulting positive resident outcomes.

Please see attached

J. Presentation to the Governor's Panel on Excellence in Long-Term Care

Our facility would like an opportunity to make a presentation to the Governor's Panel on Excellence in Long-Term Care.


Signature of Person Completing Application 08/30/24
Date

Ana Marques 08/30/24
Date
Printed Name

Received

SEP 04 2024

Central Services

Premier Place

HEALTH AND REHAB CENTER AT THE GLENVIEW

August 30, 2024

Agency for Health Care Administration
Long-Term Care Unit
2727 Mahan Drive, MS 33
Tallahassee, Florida, 32308

Dear Sir or Madam,

I am respectfully requesting that Premier Place Health and Rehab at the Glenview be considered for the Governor's Gold Seal Award for Excellence in Long-Term Care. After reviewing the award requirements, I feel confident that we meet all the qualification for this most prestigious recognition. Attached please find the following.

- Application for Nursing Home Gold Seal Award
- Letter of recommendation
- Financial Soundness and Stability - *Consolidated Financial Statements and Supplementary information*
- Consumer Satisfaction - *Nursing and Therapy Resident satisfaction survey January – July 2024*
- Stable Workforce - *Staffing worksheet 2023-2024*
- Target in Service – *Monthly Education Calendars 2023, 2024*
- Best Practices – *Clinical best practices*

Please feel free to call me with any questions; I can be reached at 239-431-2655. Thank you for your kind consideration.

Sincerely,



Ana Marques
Director of Health & Wellness Navigation

Received

SEP 04 2024

Central Services



August 19, 2024

Mr. Bernard Hudson
Agency for Health Care Administration
2727 Mahan Drive, Mail stop # 33
Tallahassee, FL 32308

Dear Mr. Hudson:

On behalf of LeadingAge Southeast and our 350 provider members, I am honored to wholeheartedly endorse Premier Place at The Glenview for the Governor’s Gold Seal Award for Excellence in Long-Term Care.

LeadingAge Southeast is proud to represent the highest quality senior living providers across the Gulf Coast region. Indeed, the only two nine-time winners of the Florida Governor’s Gold Seal are members of our Association. Premier Place is the very embodiment of that commitment to excellence in senior care. It is among the highest performing nursing homes in the country, performing in the top 10% nationwide in terms of staffing and quality measures. Furthermore, Premier Place also performs better than both the Florida and National averages in terms of RN hours per resident day, rate of successful return home or to the community from a skilled nursing facility, and percentage of long-stay residents in need of help with daily activities.

Premier Place has designed programs to ensure its residents benefit from the care of highly trained, long tenured staff. Its leadership has created a spa-like setting where residents receive truly personalized skilled nursing care, delivered by dedicated caregivers, including nurses on staff 24 hours each day. For its focus on outstanding care and service, Premier Place has twice received the Governor’s Gold Seal Award, has earned the Harrison Award from Life Care Services, and has been named Best Nursing Home by U.S. News and World Report. Additionally, Premier Place’s clinical outcomes studies are the highest in the Naples area, earning them preferred choice status from Naples Community Hospital, Millenium Physician Group, and Physicians Regional Healthcare System.

Our Association continues to benefit enormously from the leadership of Premier Place at The Glenview as well. They are leaders in the development and sharing of best practices, and they are expert collaborators in our Association’s efforts to deliver the latest education on statutory changes, regulatory updates, and quality improvement.

Premier Place at The Glenview is an outstanding community of caregivers with a history of excellent quality and a focus on resident care that are the very illustration of the goals of the Gold Seal program. It is my pleasure, once again, to offer our full endorsement.

Sincerely,


Steve Bahmer
President & CEO

Received

SEP 04 2024

Central Services

Garry D.Hennis, Board Chair
Steve Bahmer, President/CEO

Expanding Possibilities for Aging

1812 Riggins Road, Suite 1 | Tallahassee, Florida 32308
P 850.671.3700 | F 850.671.3790 | www.LeadinAgeSoutheast.org



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

September 12, 2024

Mr. Daniel Gomez
Administrator
Premier Place at The Glenview
100 Glenview Place
Naples, FL 34108

Dear Mr. Gomez,

This letter is to acknowledge receipt of your application for the Gold Seal license. After review, it was found to be incomplete. Applicants receive only **one** letter describing the errors or omissions that must be addressed to deem the application complete.

✓ **Section C. - Financial Soundness and Stability**

The Agency's Financial Analysis office has completed its initial financial review of your financial documents and found deficiencies.

Section 440.253(5)(b), Florida Statutes outlines requirements to be met in order to exempt a nursing home that is part of a continuous care retirement community ("CCRC"). To be exempt from financial review, please provide the following documentation:

- Letter from Office of Insurance Regulation that the CCRC is meeting minimum liquid reserve requirements.
- Accreditation from a recognized accrediting organization.

If the above documentation cannot be provided in a timely manner, then please provide the following documentation for a financial soundness and stability review:

- Audited financial statements for the period ending 12/31/21.

If you have any questions regarding the financial omissions, please contact Derron Hillman at 850-412-4351.

Section E. - Consumer Satisfaction

According to the Florida Statutes, section 400.235(5)(c), Gold Seal Award applicants are required to meet the criteria of participating in a consumer satisfaction process, and demonstrate that information is elicited from residents, family members, and guardians about satisfaction with the nursing facility, its environment, the services and care provided, the staff's skills and interactions with residents, attention to residents' needs, and the facility's efforts to act on information gathered from the consumer satisfaction measures.



Mr. Daniel Gomez
September 12, 2024
Page 2

Please forward evidence, within the **30 months preceding your application**, demonstrating consumer satisfaction in your facility and demonstrate how that information is elicited from **residents and family members**. Please attach copies of your survey form/questions and your survey findings for the **prior 30 months for residents and family members**. Also, you indicated the number of surveys received, please also include the number of surveys that were sent out for completion.

Also, please indicate the facility's efforts to act upon information gathered from the consumer's satisfaction survey's findings.

Section F. – Community/Family Involvement

Please provide evidence of the regular involvement of **families and members of the community in the facility, within the 30 months** preceding your application.

Section G. - Stable Workforce

An applicant for the Gold Seal award must meet the turnover rate or stability rate pursuant to Section 400.235, F.S. and Rule 59A-4.200, Florida Administrative Code. To evaluate these criteria, please provide staffing to resident ratios, staff turnover, and staff stability for the last ten quarters (30 months) in the attached staffing document. Please provide numbers and not percentages on the first page of the form. The computations will be completed by Agency staff.

Also, please provide information demonstrating the facility's efforts and practices to maintain a stable workforce and to reduce turnover of licensed nurses and certified nursing assistants.

Section H. - Targeted In-Service

Please indicate the facility's actions to identify in-service training needs by internal and/or external quality assurance efforts. How do you identify your training needs?

Please forward all responses via email no later than **September 23, 2024**. If you have questions, please contact me via email at Jacqueline.Williams@ahca.myflorida.com or by phone at (850) 412-4437.

Sincerely,

Jacquie Williams

Jacquie Williams
Operations and Management Consultant Manager
Long-Term Care Services Unit

Attachment

Williams, Jacqueline

From: Williams, Jacqueline
Sent: Thursday, September 12, 2024 5:15 PM
To: Daniel Gomez
Subject: Gold Seal Award Application Review - Premier Place at the Glenview (File#: 81109)
Attachments: Gold Seal Omit - Premier Place at the Glenview 2024.pdf; Gold Seal Staffing Form - September 2024.pdf

Good Afternoon Mr. Gomez,

In an effort to streamline the Gold Seal Award application process, we are sending your application omission letter by email. Therefore, if you would forward the requested information, it will give staff ample time to complete the review for your facility.

Attached are the following:

- Application omission letter
- Staffing Form

If you have any questions, please contact me at the telephone number listed below.

**Jacque Williams - OPERATIONS & MGMT CONSULTANT MGR -
SES**



Bldg 2 Rm C-18 - LONG TERM CARE SERVICES UNIT
2727 MAHAN DR, MAILSTOP 33, TALLAHASSEE, FL 32308
850-412-4437 (Office)

Jacqueline.Williams@ahca.myflorida.com



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Williams, Jacqueline

From: Ana Marques <amarques@glenviewnaples.com>
Sent: Friday, September 20, 2024 2:33 PM
To: Williams, Jacqueline
Cc: Daniel Gomez
Subject: Gold Seal license application omission/additional information
Attachments: Gold Seal License Omission Update 9-20-24.pdf

Greetings Ms. Williams

On behalf of Daniel Gomez, Executive Director.

Happy Friday! Attached please find the additional information requested. Thank you for your kind consideration, please let me know if you have any questions.

Be well, Ana

All the best,

Ana Marques

Dedicated Service Since 2015

Director of Health & Wellness Navigation

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.” -Aristotle

The Glenview at Pelican Bay

100 Glenview Place | Naples | FL 34108

Main 239-591-0011 | Direct 239-431-2655 | Fax 239-591-4781

www.GlenviewNaples.com | amarques@glenviewnaples.com

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BEST INDEPENDENT LIVING
Awards & Rankings
US News
2023-2024

Awarded Best Independent Living 2 Years in a Row



BEST NURSING HOMES
Awards & Rankings
US News
SHORT-TERM REHABILITATION
2024

Awarded Best Nursing Homes 5 Years in a Row



Gold Seal Award From Governor's Panel on Excellence in Long-Term Care 2 Years in a Row



BEST OF FLORIDA 2023

GlenCare Home Care Services 2 Years in a Row

The 
Glenview
AT PELICAN BAY

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STAFFING REPORT FOR Premier Place at the Glenview

SNF LICENSE # _____

Year	Quarter	Employed CNAs	Employed Licensed Nurses	CNAs Employed for 1 Year	Licensed Nurses Employed for 1 Year	CNAs Resigned or Terminated	Licensed Nurses Resigned or Terminated
2022	1 st (January 1, 2022 – March 31, 2022)	26	28 ^{5A}	3	24 ²⁷	0	0
2022	2 nd (April 1, 2022 – June 30, 2022)	28	24 ^{5A}	28	23 ⁵¹	0	0
2022	3 rd (July 1, 2022 – September 30, 2022)	30	27 ⁵¹	28	27 ⁵⁵	0	0
2022	4 th (October 1, 2022 – December 31, 2022)	33	29 ¹⁰²	29	29 ⁵⁸	6	12
2023	1 st (January 1, 2023 – March 31, 2023)	30	28 ⁵⁰	27	26 ⁵³	1	3
2023	2 nd (April 1, 2023 - June 30, 2023)	30	28 ⁵⁰	27	25 ⁵²	1	1
2023	3 rd (July 1, 2023 – September 30, 2023)	37	29 ¹⁰⁰	31	26 ⁵⁷	2	3
2023	4 th (October 1, 2023 – December 31, 2023)	32	30 ¹⁰²	29	27 ⁵⁹	1	1
2024	1 st * (January 1, 2024 – March 31, 2024)	35	29 ^{10A}	30	23 ⁵³	8	5
2024	2 nd (April 1, 2024 – June 30, 2024)	37	35 ¹⁰²	23	21 ⁴¹	8	14

Stable Workforce Review: Section 400.235(5)(e), F.S. and 59A-4.200 (6), Florida Administrative Code

- 6(a) An applicant for Gold Seal Award must meet at least one of the following to demonstrate a stable workforce:
1. Have a turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application. The turnover rate is the total number of terminations or resignations of certified nursing assistants (CNAs) and licensed nurses during the quarter divided by the number of CNAs and licensed nurses employed at the end of the quarter, or
 2. Have a stability rate indicating that at least 50 percent of its staff have been employed at the facility for at least one year. The stability rate is the total number of CNAs and licensed nurses that have been employed for more than 12 months, divided by the total number of CNAs and licensed nurses employed at the end of the quarter.
- (Please also note pursuant to 59A-4.200, F.A.C., each applicant for Gold Seal Award must submit evidence of an effective recruitment and retention program.)**

STAFFING REPORT FOR Premier Place At The Glenview

(AGENCY USE ONLY)

Turnover Rate

1st Quarter (2022): 0
2nd Quarter (2022): 0
3rd Quarter (2022): 0
4th Quarter (2022): 19.35%
1st Quarter (2023): 6.89%
2nd Quarter (2023): 3.44%
3rd Quarter (2023): 7.57%
4th Quarter (2023): 11.29%
1st Quarter (2024): 20.31%
2nd Quarter (2024): 30.55%

Average Turnover
Rate: 9.94%

Stability Rate

1st Quarter (2022): 52.94%
2nd Quarter (2022): 98.07%
3rd Quarter (2022): 96.49%
4th Quarter (2022): 93.51%
1st Quarter (2023): 91.37%
2nd Quarter (2023): 89.65%
3rd Quarter (2023): 86.36%
4th Quarter (2023): 90.32%
1st Quarter (2024): 82.81%
2nd Quarter (2024): 61.11%

Average Stability
Rate: 84.26%

Rating Time Period: October 2021 through March 2024
 Last Updated: May 2024

Nursing Home Guide Inspection Ratings
 PREMIER PLACE AT THE GLENVIEW

Facility	City	Region	County	Inspection				Inspection Components					
				Overall Inspection	Quality of Care	Quality of Life	Administration	Nutrition & Hydration	Restraints & Abuse	Pressure Ulcers	Decline	Dignity	
PREMIER PLACE AT THE GLENVIEW	NAPLES	Region 8 Sarasota/Ft. Myers	Collier	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

DATE: October 8, 2024
TO: Brian O. Smith, Long Term Care Services Unit Manager
FROM: Michelle Hart, Complaint and Incident Management Unit Manager
SUBJECT: Gold Seal Complaint Review – March 15, 2022 through September 15, 2024

PREMIER PLACE AT THE GLENVIEW

Based on a review of the facility's complaint history, the above listed facility did not have any Long-Term Care Ombudsman Program-verified complaints that resulted in citations by the Agency for Health Care Administration.

The applicant meets the requirement of Section 400.235(5)(f), Florida Statutes.





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

INTEROFFICE MEMORANDUM

DATE: September 23, 2024
TO: Jacqueline Williams
FROM: Derron Hillman
CC: Bernard Hudson
SUBJECT: Gold Seal Financial Review: Approval
Licensee: Premier Place at the Glenview
Facility: Premier Place at the Glenview

Conclusion: The applicant meets the financial requirements of Section 400.235, Florida Statutes and Rule 59A-4.200, Florida Administrative Code.

Analysis: I have reviewed the financial requirements of the Gold Seal application for the license holder in accordance with Rule 59A-4.200, Florida Administrative Code.

Rule 59A-4.200, Florida Administrative Code, specifies that each licensee must meet at least two of the three financial soundness and stability thresholds for at least two of three years of the statements, to include the most recently submitted. Otherwise, its facility cannot be recommended for the Gold Seal Award except as described in Rule 59A-4.200, Florida Administrative Code. The financial stability thresholds are as follows:

- A positive current ratio of at least 1.0
- A positive tangible net worth
- A times interest earned ratio of at least 1.15

Based on the review conducted, I believe the applicant meets the financial requirements of Section 400.235, Florida Statutes and Rule 59A-4.200, Florida Administrative Code.



Williams, Jacqueline

From: Hillman, Derron
Sent: Monday, September 23, 2024 11:44 AM
To: Williams, Jacqueline
Cc: Hillman, Derron
Subject: RE: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109
Attachments: 358 Premier (OK).docx

Jacque,

Attached is the review of Premier Place. If you have any questions, call me at 44351.

**Derron Hillman - HEALTH SERVICE & FACILITIES
CONSULTANT**



Building 3, Room 3221 - BUREAU OF CENTRAL SERVICES - CO
& FAU
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-4351 (Office) - (850)922-6964 (Fax)
Derron.Hillman@ahca.myflorida.com



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From: Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>
Sent: Monday, September 23, 2024 11:34 AM
To: Hillman, Derron <Derron.Hillman@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: RE: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Good Morning Derron,

Attached is the response to the financial omission memo. Thanks.

**Jacque Williams - OPERATIONS & MGMT CONSULTANT MGR
- SES**



Bldg 2 Rm C-18 - LONG TERM CARE SERVICES UNIT
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-4437 (Office) - (850) 410-1512 (Fax)
Jacqueline.Williams@ahca.myflorida.com



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From: Hillman, Derron <Derron.Hillman@ahca.myflorida.com>
Sent: Thursday, September 5, 2024 8:51 AM
To: Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>
Cc: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>; Hudson, Bernard <Bernard.Hudson@ahca.myflorida.com>
Subject: RE: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Jacque,

Attached is the review of Premier Place at the Glenview. If you have any questions call me at 44351.

Derron Hillman
Health Services & Facilities Consultant
Financial Analysis Unit
Agency for Health Care Administration
(850)412-4351
derron.hillman@ahca.myflorida.com



From: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Sent: Thursday, September 5, 2024 7:49 AM
To: Hillman, Derron <Derron.Hillman@ahca.myflorida.com>
Subject: FW: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Hi Derron, I am going to assign this one to you. Looks like it is a CCRC. I set up a folder for this cycle. Let me know if you have any questions.



Ryan Fitch – Regulatory Analyst Supervisor

Building 3, Room 3220B - BUREAU OF CENTRAL SERVICES
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3797 (Office) - 850-487-6240 (Fax)
Ryan.Fitch@ahca.myflorida.com

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From: Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>
Sent: Wednesday, September 4, 2024 5:25 PM
To: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Subject: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Good Afternoon Ryan,

Please see the attached financials for your review. **This facility is a CCRC.**

Thanks!

Jacque Williams - OPERATIONS & MGMT CONSULTANT MGR
- SES



Bldg 2 Rm C-18 - LONG TERM CARE SERVICES UNIT
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-4437 (Office) - (850)410-1512 (Fax)
Jacqueline.Williams@ahca.myflorida.com



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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

INTEROFFICE MEMORANDUM

DATE: September 5, 2024
TO: Jacqueline Williams
FROM: Derron Hillman
CC: Ryan Fitch, Bernard Hudson
SUBJECT: Gold Seal Financial Review: Omissions
Licensee: Premier Place at the Glenview
Facility: Premier Place at the Glenview

I have conducted the initial review of the Gold Seal application and found deficiencies. The discussion below will explain these problems and provide text for your omissions letter. If you have any questions regarding these omission requests, please contact Derron Hillman at 850-412-4351.

Omissions: Section 440.253(5)(b), Florida Statutes outlines requirements to be met in order to exempt a nursing home that is part of a continuous care retirement community (“CCRC”). To be exempt from financial review, please provide the following documentation:

- Letter from Office of Insurance Regulation that the CCRC is meeting minimum liquid reserve requirements.
- Accreditation from a recognized accrediting organization.

If the above documentation cannot be provided in a timely manner, then please provide the following documentation for a financial soundness and stability review:

- Audited financial statements for the period ending 12/31/21.



Williams, Jacqueline

From: Hillman, Derron
Sent: Thursday, September 5, 2024 8:51 AM
To: Williams, Jacqueline
Cc: Fitch, Ryan; Hudson, Bernard
Subject: RE: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109
Attachments: 358 Premier.docx

Jacque,

Attached is the review of Premier Place at the Glenview. If you have any questions call me at 44351.

Derron Hillman
Health Services & Facilities Consultant
Financial Analysis Unit
Agency for Health Care Administration
(850)412-4351
derron.hillman@ahca.myflorida.com



From: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>
Sent: Thursday, September 5, 2024 7:49 AM
To: Hillman, Derron <Derron.Hillman@ahca.myflorida.com>
Subject: FW: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Hi Derron, I am going to assign this one to you. Looks like it is a CCRC. I set up a folder for this cycle. Let me know if you have any questions.



Ryan Fitch – Regulatory Analyst Supervisor

Building 3, Room 3220B - BUREAU OF CENTRAL SERVICES
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-3797 (Office) - 850-487-6240 (Fax)
Ryan.Fitch@ahca.myflorida.com

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From: Williams, Jacqueline <Jacqueline.Williams@ahca.myflorida.com>
Sent: Wednesday, September 4, 2024 5:25 PM

To: Fitch, Ryan <Ryan.Fitch@ahca.myflorida.com>

Subject: Gold Seal Award Financial Review Request - Premier Place at the Glenview - File# 81109

Good Afternoon Ryan,

Please see the attached financials for your review. **This facility is a CCRC.**

Thanks!

Jacque Williams - OPERATIONS & MGMT CONSULTANT MGR
- SES



Bldg 2 Rm C-18 - LONG TERM CARE SERVICES UNIT
2727 MAHAN DR., TALLAHASSEE, FL. 32308
+1 850-412-4437 (Office) - (850)410-1512 (Fax)
Jacqueline.Williams@ahca.myflorida.com



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Premier Place

HEALTH AND REHAB CENTER AT THE GLENVIEW

September 20, 2024

Agency for Health Care Administration
Long-Term Care Unit
2727 Mahan Drive, MS 33
Tallahassee, Florida, 32308

Dear Ms. Williams

Thank you for reviewing our application for the Gold Seal license. In response to your letter received on 9/12, kindly find attached the additional information requested.

- Audited financial statements for the period ending 12/31/21
- Section E – Consumer Satisfaction
 - 30 months of satisfaction survey chart (number of surveys provided and received)
 - Copy of survey form/questions
 - Satisfaction survey procedure, best practice and performance improvement
- Section F – Community/Family Involvement
 - Copy of Family Council notice
- Section G – Stable Workforce
 - Staffing document
 - Evidence of employee engagement events; promoting stable workforce and reduce turnover)
- Section H – Targeted In-Service
 - Professional Improvement Plan
 - Education, audits, clinical capabilities

Please feel free to call me with any questions; I can be reached at 239-431-2655. Thank you for your kind consideration.

Sincerely,

Ana Marques
Director of Health & Wellness Navigation

E. Consumer Satisfaction

With our committed to exceeding resident expectation, we have established a program Guardian Angel round, a service enhancement. The Guardian Angel ambassadors will provide an extra touch of service and care on top of our outstanding direct-care giving associates.

Residents prior to their discharge are asked to complete a satisfaction survey to evaluate their experience and services provided. Surveys are utilized as an opportunity to train and educate staff. Results are presented and tracked during monthly Quality Assurance Performance Improvement meetings. Please see below customer service improvements based on satisfaction survey comments and recommendations.

Area identified	Action plan	Outcome
Weekend staffing not as engaged, reduction of management staff presence	Implemented Manager on Duty (MOD), covering weekends and holidays. To support the weekend needs of the staff and residents.	Residents feel no interruption in staffing flow, improving their experience and outcome.
Improve staff education, training and competencies.	Implemented Relias Learning Center for all staff	Staff is continuous trained and educated on best practices improving resident outcome, 100% staff performance
Improve resident and family involvement	Resident & Family Council monthly meetings to improve resident engagement and quality of life	Promoting a resident centered experience evidenced by overall experience 3.77 out of 4

Received

SEP 04 2024

Central Services

Section E. Consumer Satisfaction

The customer satisfaction survey is given to every resident or responsible party prior to the resident discharging home. The Social Service Director or designee passes them out to each resident. They are collected by the Social Service Director or any staff member the resident gives it to after completion. The survey is given out in paper form and kept in a folder until tallied at the end of each month. The satisfaction survey is then discussed in detail at the monthly QAPI meeting. Based on responses, concerns and recommendations, facility looks at opportunities to improve and put in place best practices. Please find below the number of surveys that have been given out and received for the last 30 months.

	2022		2023		2024	
	# of Surveys given	# of Surveys received	# of Surveys given	# of Surveys received	# of Surveys given	# of Surveys received
Jan	16	4	24	8	23	13
Feb	19	7	35	4	32	13
Mar	23	5	34	4	28	14
Apr	25	12	34	10	25	9
May	29	6	30	12	18	9
Jun	25	6	19	6	24	10
Jul	17	4	20	6	23	4
Aug	21	3	30	16	28	16
Sep	20	3	16	10		
Oct	18	9	34	24		
Nov	11	4	23	15		
Dec	22	4	31	14		



We would like to thank you for choosing Premier Place!
Your opinion is very important to us; please kindly take a moment to complete this brief survey.

How did you hear about Premier Place? _____

Did you tour prior to your admission to our community? YES NO

Would you recommend our community to a friend?
 Highly recommend Recommend Unlikely to recommend Would not recommend

Please rate the following:

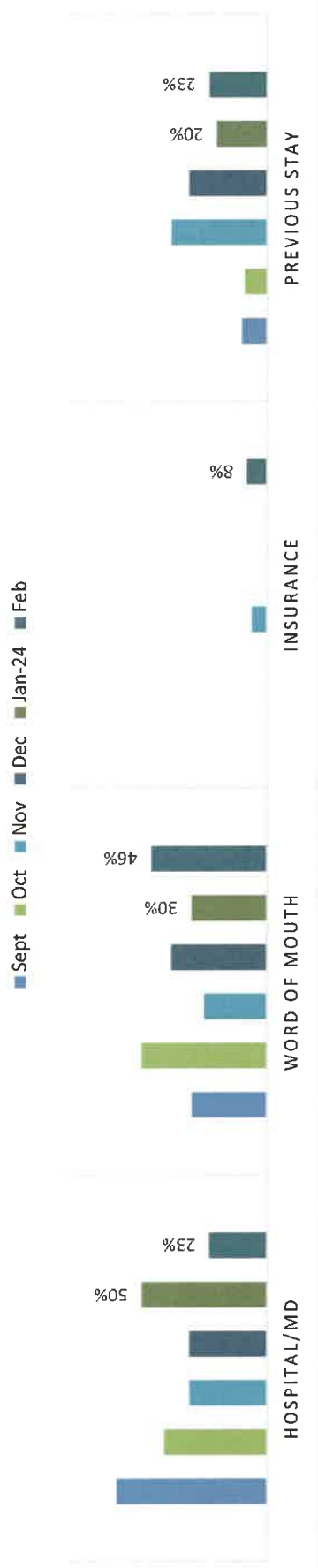
	Excellent	Good	Fair	Poor	N/A
How helpful, attentive and timely was the staff?	4	3	2	1	
How was the quality of care provided by the staff?	4	3	2	1	
How comfortable, accommodating and clean was your room? Noise level?	4	3	2	1	
Did we offer social activities of your interest and choice?	4	3	2	1	
How was the variety and menu options, quality and food presentation?	4	3	2	1	
Did your discharge plan meet your specific needs?	4	3	2	1	
Was the therapy staff courteous and professional?	4	3	2	1	
The therapy services were specific to your needs?	4	3	2	1	
The therapy staff demonstrated a high level of clinical abilities.	4	3	2	1	
The therapy gym was clean and well maintained.	4	3	2	1	
Would you be willing to return to Premier Place for outpatient therapy if needed?	4	3	2	1	
Did the therapist ask you about how you felt in relations to your therapy goals?	4	3	2	1	
How would you rate your progress with therapy?	4	3	2	1	
Overall experience	4	3	2	1	

Are there any comments or suggestions you would like to share with us?

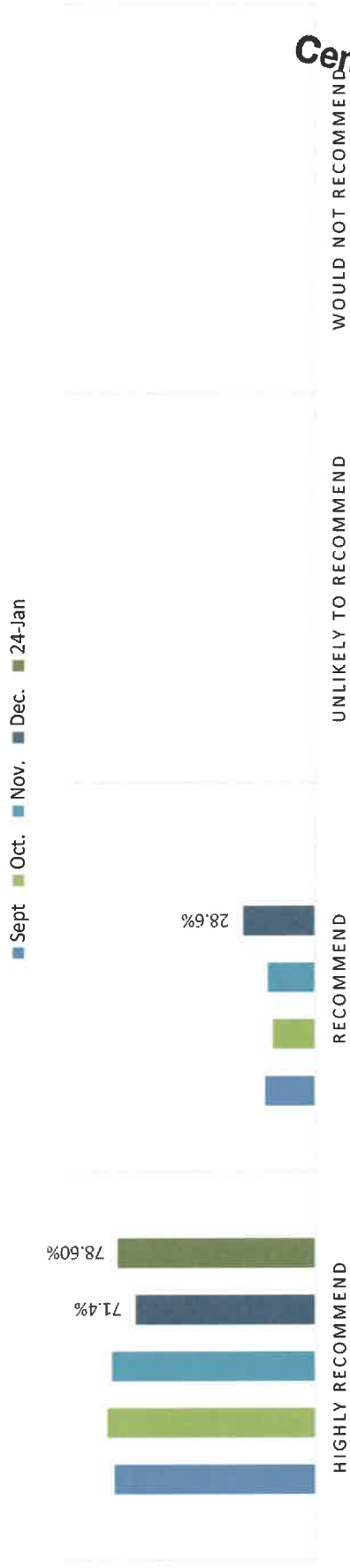
Satisfaction Survey Results January 2024

13 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?

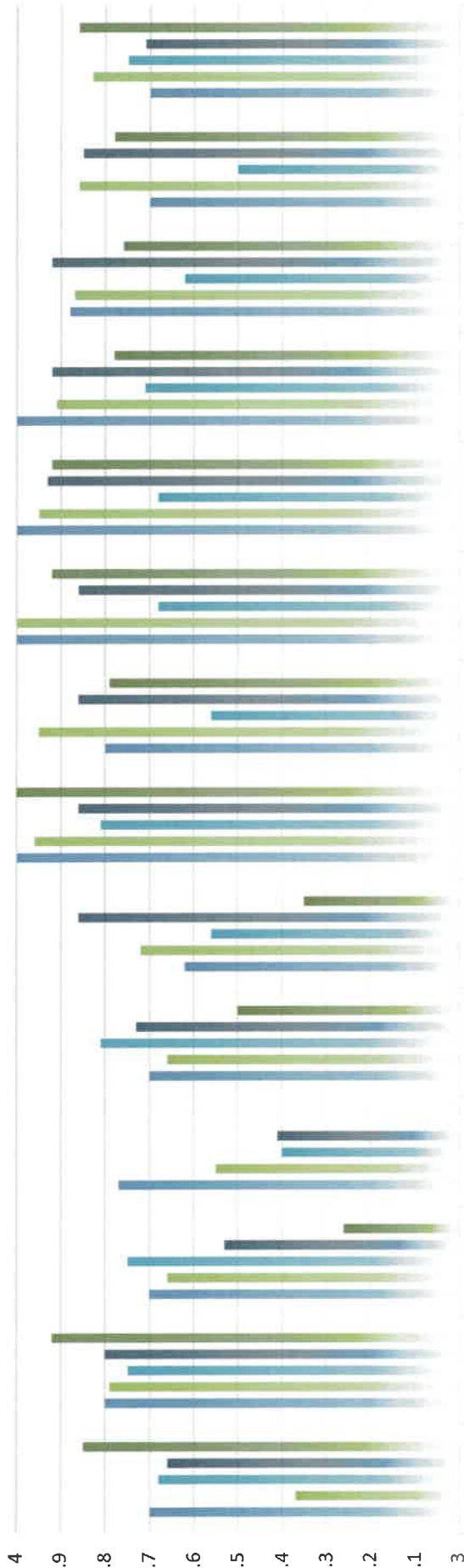


WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?



Received
SEP 04 2024
Central Services

RATINGS



Received
SEP 04 2024
Central Services

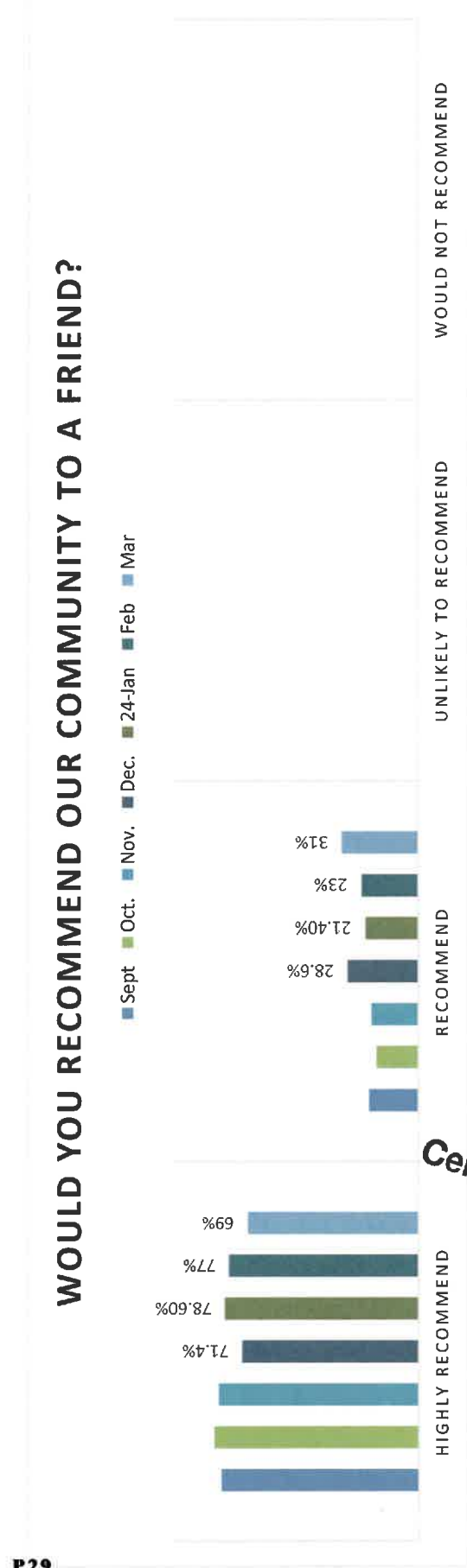
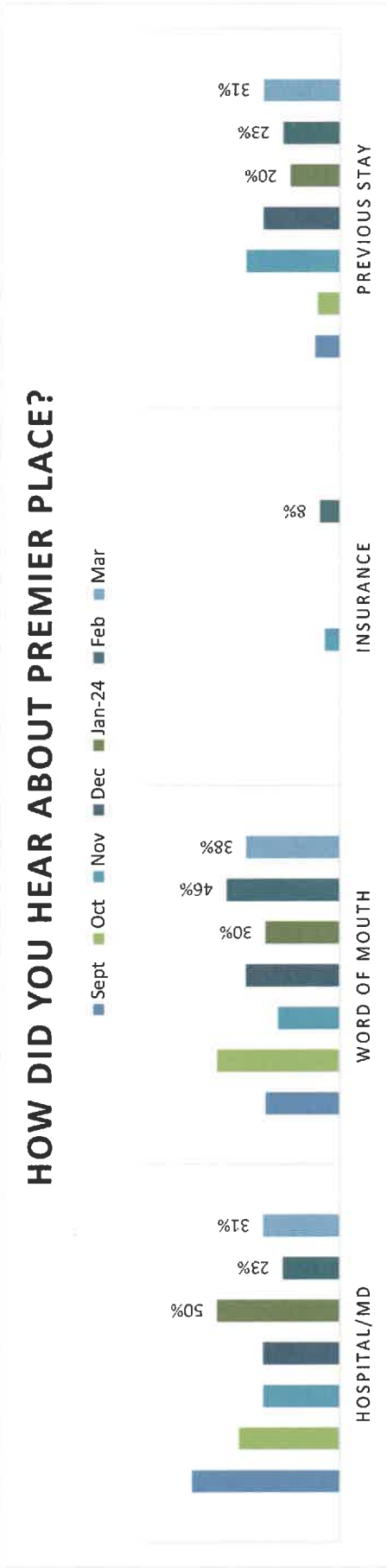
Comments (quoted)

- More staff is needed that their primary language is English. Sometimes not being able to communicate is very frustrating to all involved
- All gym equipment and wheelchairs need to be brought into the 21st century
- Sometimes on weekends the CNA's are bodies and that's all, during the week days excellent nurses and outstanding CNA's
- Need to follow schedule for rehab, missed several appointments to busy or no help, must improve that function
- Nursing staff is excellent; prompt, thorough and pleasant
- These women work at an incredible pace and remain pleasant and caring. It seems to me they could use more help, especially during peak hours

Received
SEP 04 2024
Central Services

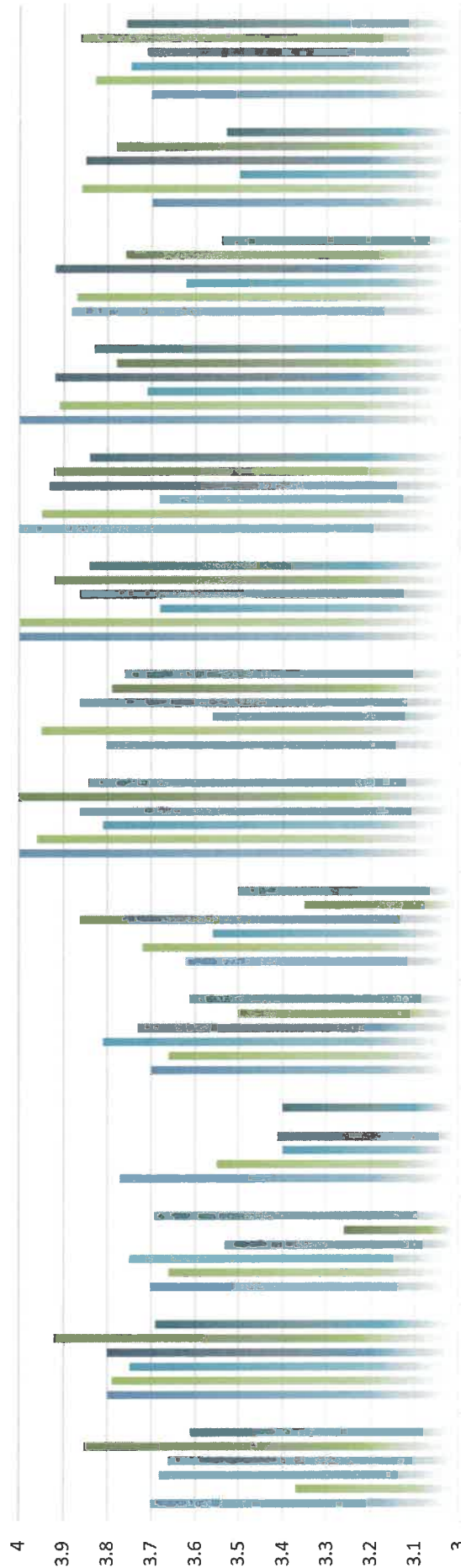
Satisfaction Survey Results February 2024

13 surveys received



Received
SEP 04 2024
Central Services

RATINGS



Received
SEP 04 2024
Central Services

Comments (quoted)

- Great staff definitely prepares you to get back on your feet + home
- Shade needs to be replaced – never happened, room always cold, no luck with thermometer
- I did not feel cleanliness of rooms was good 3-4 days, no cleaning of bathroom, maybe 2x while I was here one time vacuum
- Treated like royalty! That's a wonderful way to recover!

Received
SEP 04 2024
Central Services

Satisfaction Survey Results March 2024

14 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?

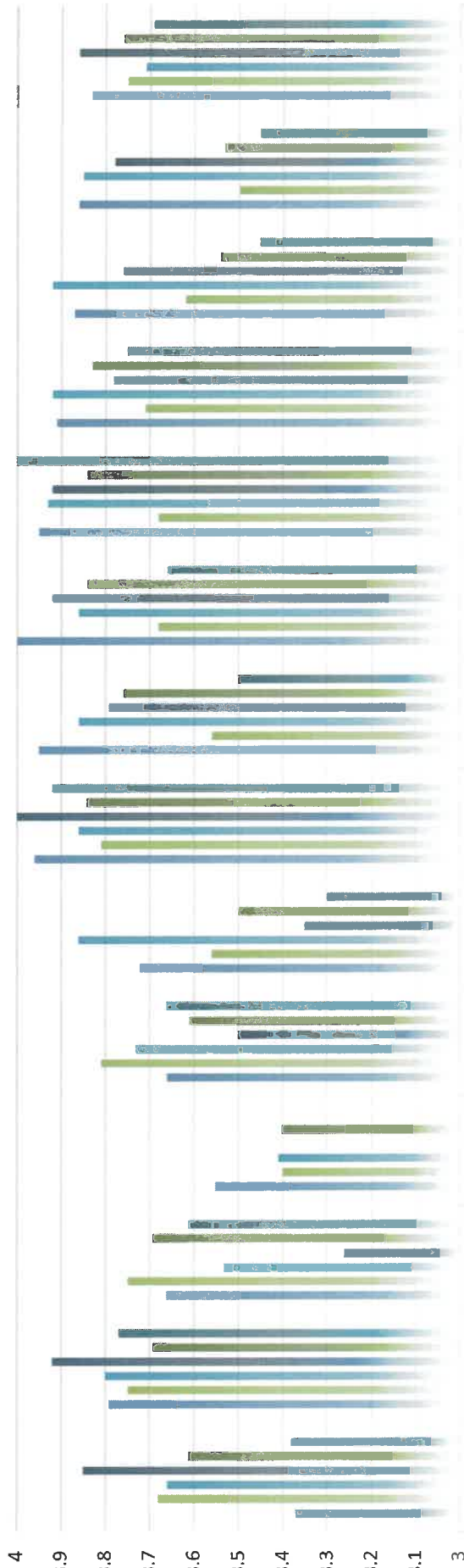


WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?



Received
SEP 04 2024
Central Services

RATINGS



Received
SEP 04 2024
Central Services

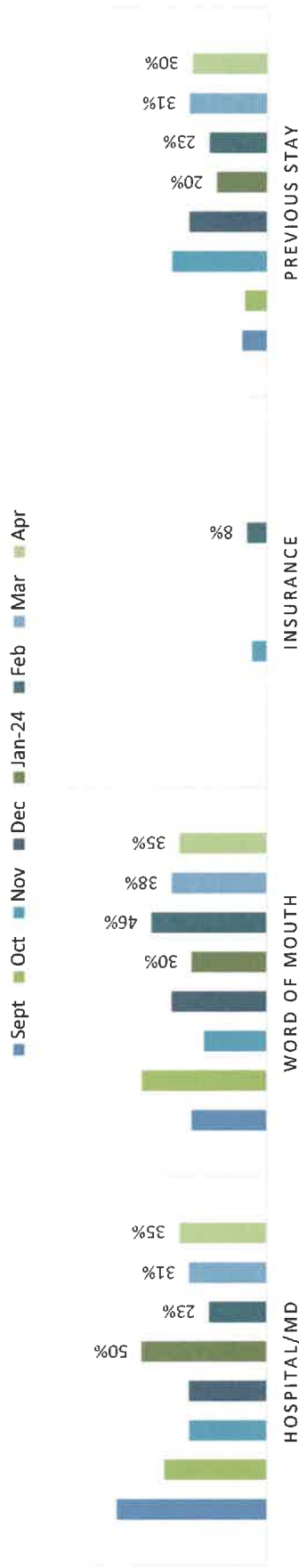
Comments (quoted)

- Make sure meds are entered correctly in computer, special order for “time” given should be followed
- Less group therapies
- English speaking staff
- Very upsetting beginning there was no pain meds here for me the first night, I’ve never been in so much pain
- You guys are great, I’m pleased with everything
- The techs and nursed were superb
- 5 Stars to the entire staff

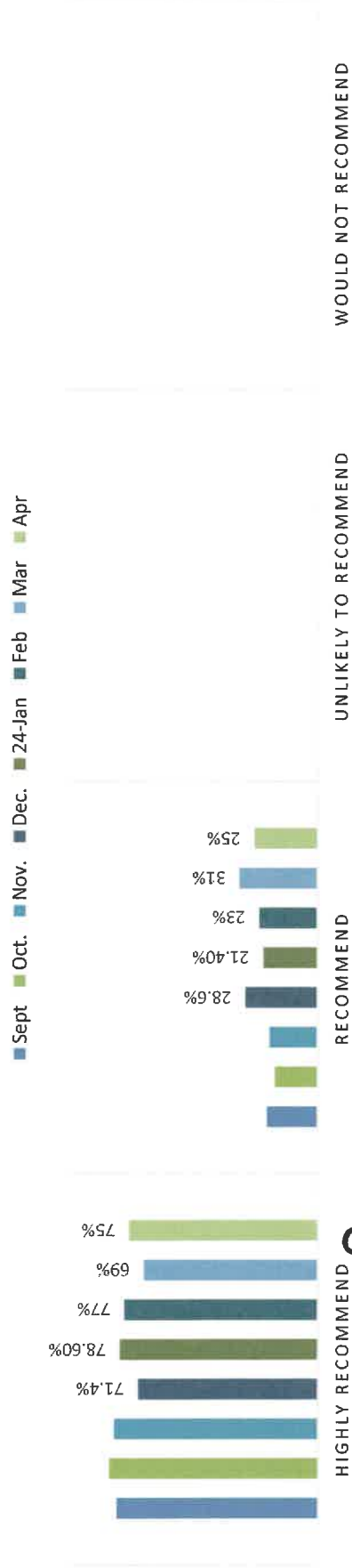
Received
SEP 04 2024
Central Services

9 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?

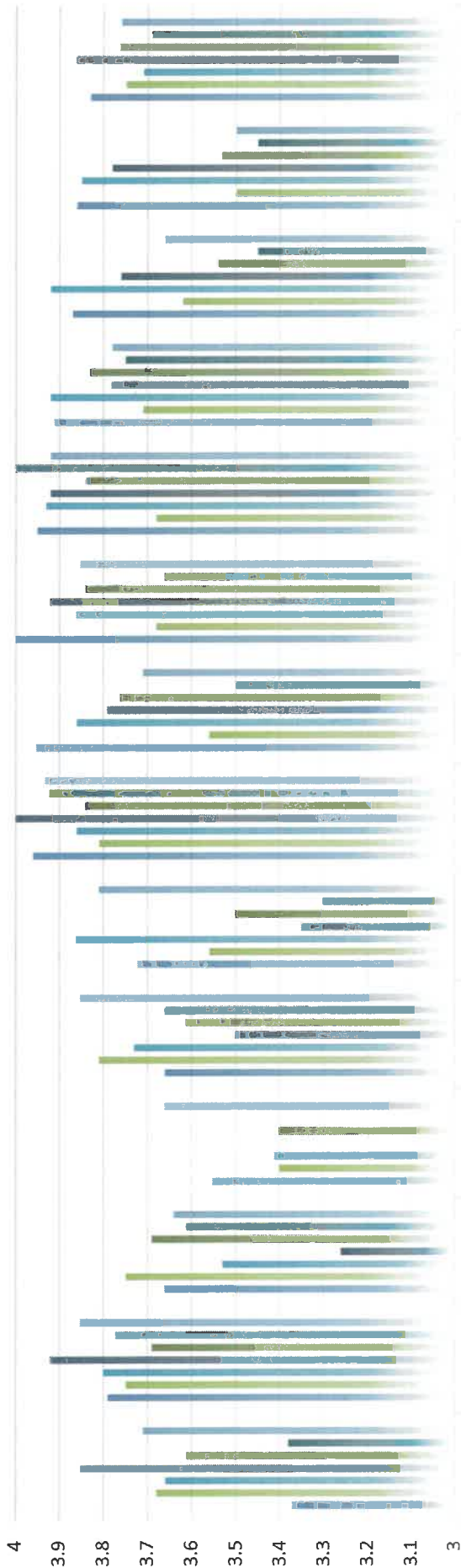


WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?



Received
SEP 04 2024
Central Services

RATINGS



Month	How helpful, attentive and timely was the staff?	How was the quality of care provided by the staff?	How comfortable, accommodating and clean was your room? Noise level?	Did we offer social activities of your interest and choice?	How was the variety and menu options, quality and food presentation?	Did your discharge plan meet your specific needs?	Was the therapy staff courteous and professional?	The therapy services were specific to your needs?	The therapy staff demonstrated a high level of clinical abilities.	The therapy gym was clean and well maintained.	Would you be willing to return to Premier Place for outpatient therapy if needed?	Did the therapist ask you about how you felt in relations to your therapy goals?	How would you rate your progress with therapy?	Overall experience
Oct.	3.37	3.79	3.66	3.55	3.66	3.72	3.96	3.95	4	3.95	3.91	3.87	3.86	3.83
Nov.	3.68	3.75	3.75	3.4	3.81	3.56	3.81	3.56	3.68	3.68	3.71	3.62	3.5	3.75
Dec.	3.66	3.8	3.53	3.41	3.73	3.86	3.86	3.86	3.86	3.93	3.92	3.92	3.85	3.71
Jan-24	3.85	3.92	3.26	3	3.5	3.35	4	3.79	3.92	3.92	3.78	3.76	3.78	3.86
Feb	3.61	3.69	3.69	3.4	3.61	3.5	3.84	3.76	3.84	3.84	3.83	3.54	3.53	3.76
Mar	3.38	3.77	3.61	3	3.66	3.3	3.92	3.5	3.66	4	3.75	3.45	3.45	3.69
Apr	3.71	3.85	3.64	3.66	3.85	3.81	3.93	3.71	3.85	3.92	3.78	3.66	3.5	3.76

Received

SEP 04 2024

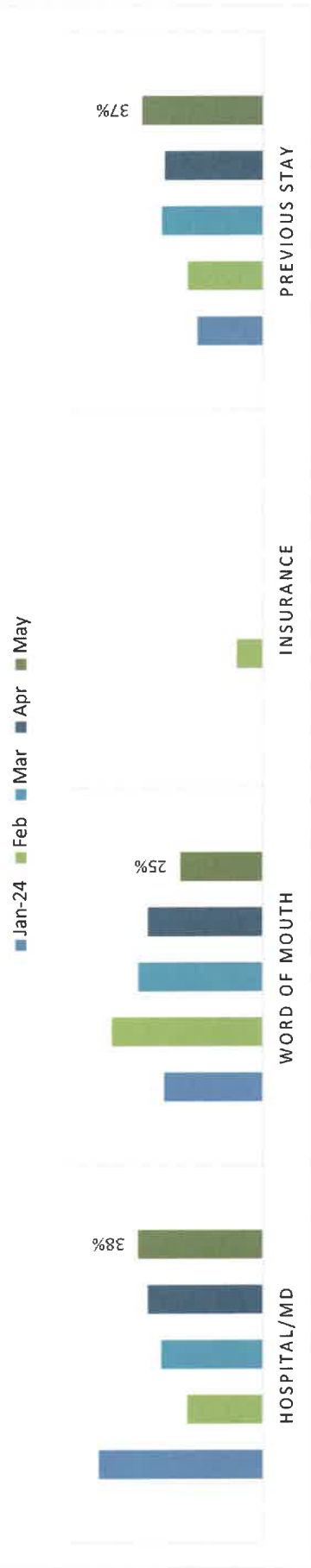
Comments (quoted)

- A lovely place to recuperate, many thanks for all your help.
- Sometimes reduction of staff affected overall experience.
- Definitely had trouble with the beds, did not sleep well. Went back and forth between chair and bed.
- Often loud chatter at night.
- Language was a bit of a problem at times, they get "A" for effort.
- More orientation at start.
- Very professional, very hospitable, friendly, good bunch of people.
- Noise

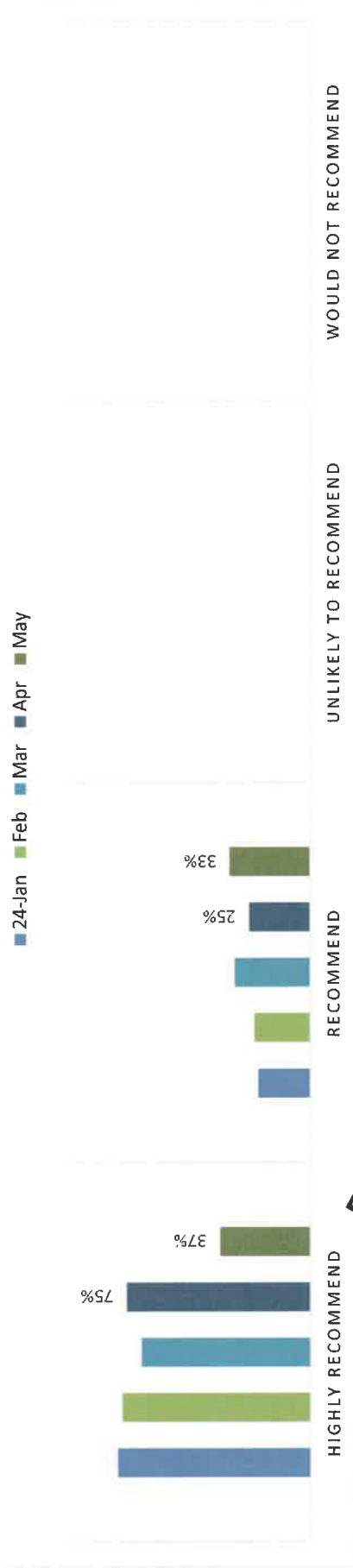
Received
SEP 04 2024
Central Services

9 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?

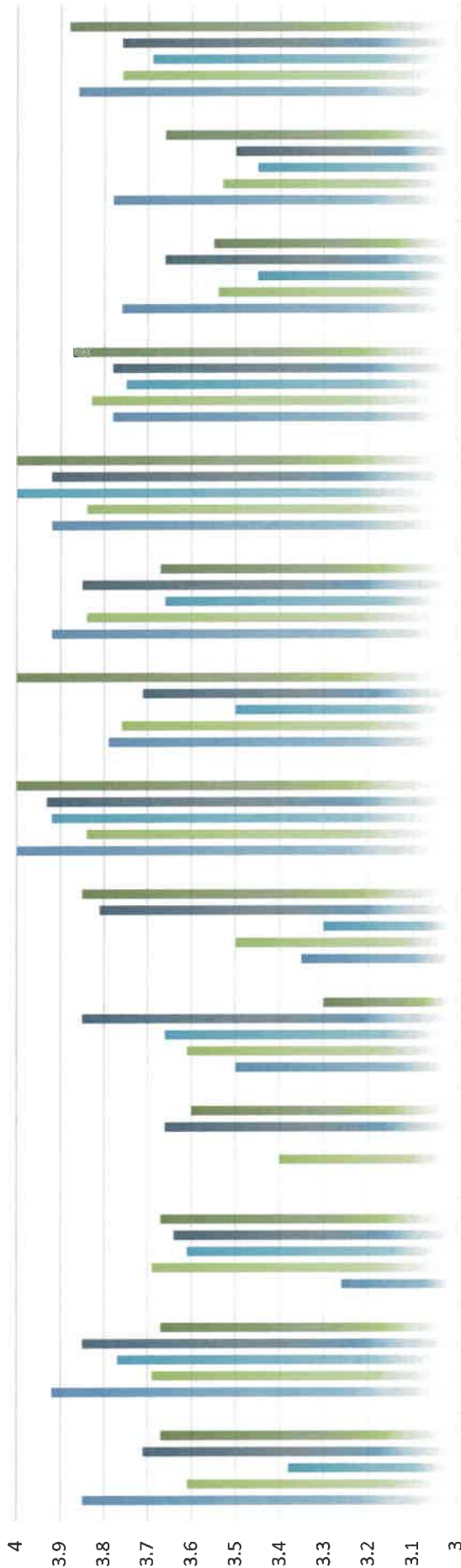


WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?



Received
 SEP 04 2024
Central Services

RATINGS



Received

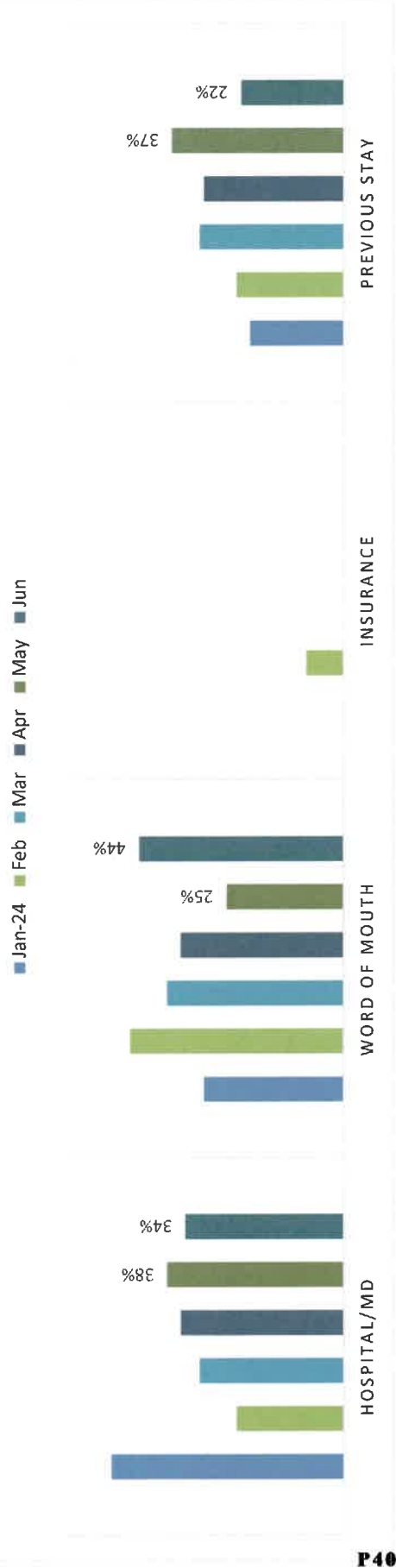
SEP 04 2024

Central Services

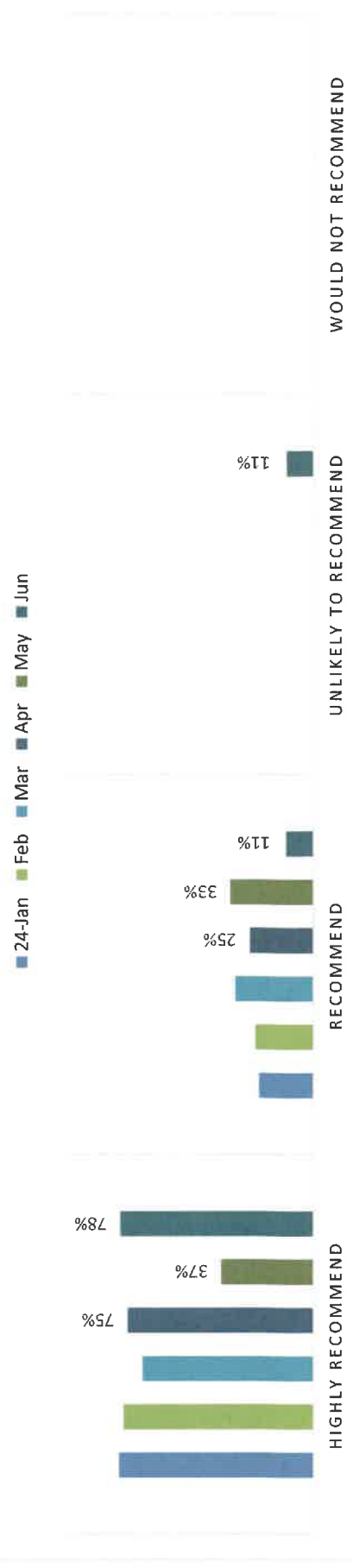
Satisfaction Survey Results June 2024

10 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?



WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?

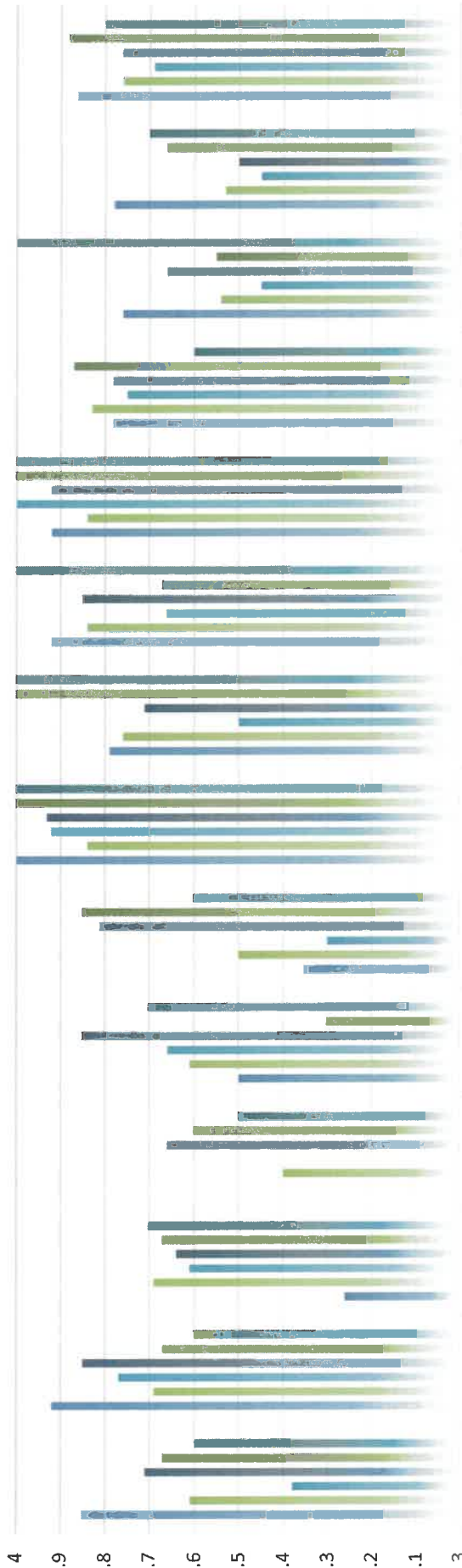


Received

SEP 04 2024

Central Services

RATINGS



Month	How helpful, attentive and timely was the staff?	How was the quality of care provided by the staff?	How comfortable, accommodating and clean was your room? Noise level?	Did we offer social activities of your interest and choice?	How was the variety of options, quality and food presentation?	Did your discharge plan meet your specific needs?	Was the therapy staff courteous and professional?	The therapy services were specific to your needs?	The therapy staff demonstrated a high level of clinical abilities.	The therapy gym was clean and well maintained.	Would you be willing to return to Premier Place for outpatient therapy if needed?	Did the therapist ask you about how you felt in relations to your therapy goals?	How would you rate your progress with therapy?	Overall experience
Jan-24	3.85	3.92	3.26	3	3.5	3.35	4	3.79	3.92	3.92	3.78	3.76	3.78	3.86
Feb	3.61	3.69	3.69	3.4	3.61	3.5	3.84	3.76	3.84	3.84	3.83	3.54	3.53	3.76
Mar	3.38	3.77	3.61	3	3.66	3.3	3.92	3.5	3.66	4	3.75	3.45	3.45	3.69
Apr	3.71	3.85	3.64	3.66	3.85	3.81	3.93	3.71	3.85	3.92	3.78	3.66	3.5	3.76
May	3.67	3.67	3.67	3.6	3.3	3.85	4	4	3.67	4	3.87	3.55	3.66	3.88
Jun	3.6	3.6	3.7	3.5	3.7	3.6	4	4	4	4	3.6	4	3.7	3.8

Received

SEP 04 2024

Central Senior

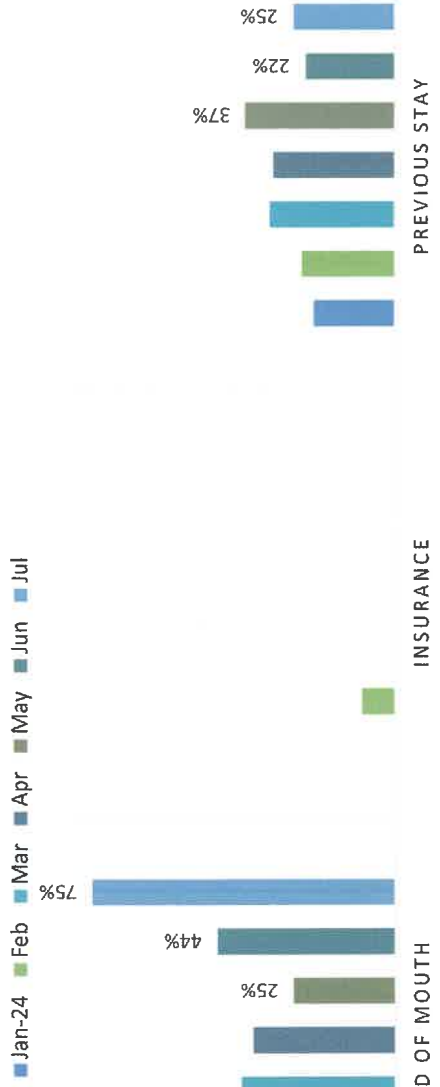
Comments (quoted)

- Very nice people to work with, I feel that I was very important to your staff
- An orientation when admitted would help. I don't know where dining room was and PT. Also, I looked for fire exit that should be shown to us too. I'm going to highly recommend your wonderful rehab to my friends.
- Would recommend an orientation for caregivers/family of facility & amenities. Also, if possible, ID pass for long term visitors rather than getting one daily.
- Bed was terrible, slept in chair, therapy staff over loaded. Nursing staff pleasant but over loaded

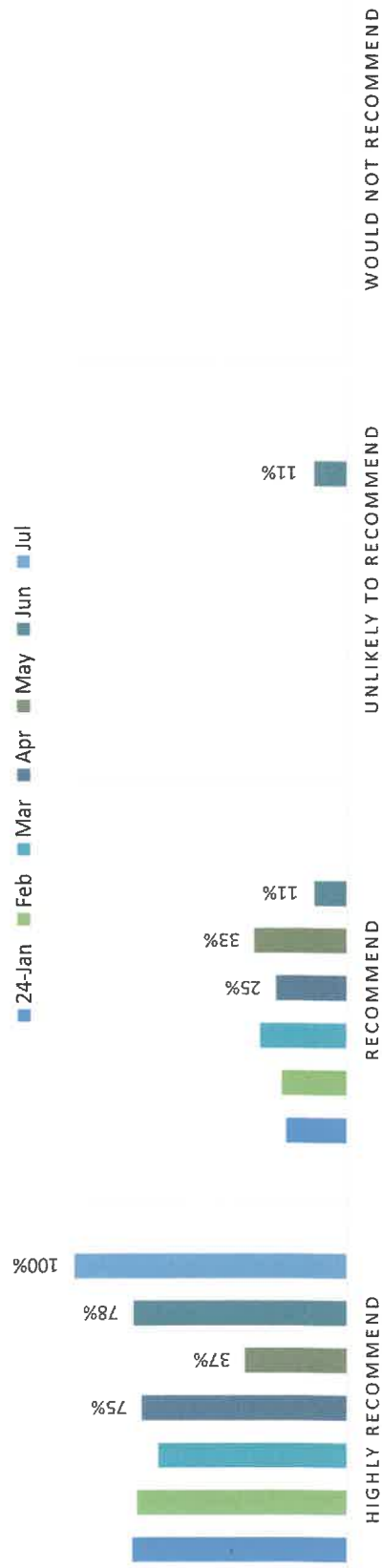
Received
SEP 04 2024
Central Services

4 surveys received

HOW DID YOU HEAR ABOUT PREMIER PLACE?



WOULD YOU RECOMMEND OUR COMMUNITY TO A FRIEND?

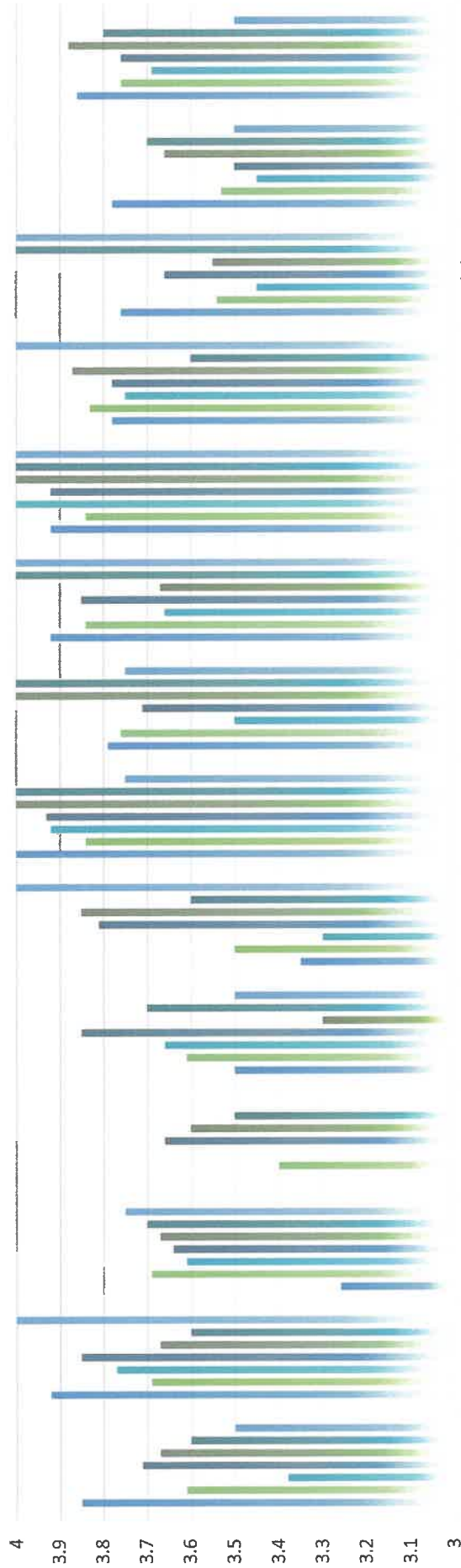


Received

SEP 04 2024

Central

RATINGS



	How helpful, attentive and timely was the staff?	How was the quality of care provided by the staff?	How comfortable, accommodating and clean was your room? Noise level?	Did we offer social activities of your interest and choice?	How was the variety and menu options, quality and food presentation?	Did your discharge plan meet your specific needs?	Was the therapy staff courteous and professional?	The therapy services were specific to your needs?	The therapy staff demonstrated a high level of clinical abilities.	The therapy gym was clean and well maintained.	Would you be willing to return to Premier Place for outpatient therapy if needed?	Did the therapist ask you about how you felt in relations to your therapy goals?	How would you rate your progress with therapy?	Overall experience
Jan-24	3.85	3.92	3.26	3	3.5	3.35	4	3.79	3.92	3.92	3.78	3.76	3.78	3.86
Feb	3.61	3.69	3.69	3.4	3.61	3.5	3.84	3.76	3.84	3.84	3.83	3.54	3.53	3.76
Mar	3.38	3.77	3.61	3	3.66	3.3	3.92	3.5	3.66	4	3.75	3.45	3.45	3.69
Apr	3.71	3.85	3.64	3.66	3.85	3.81	3.93	3.71	3.85	3.92	3.78	3.66	3.5	3.76
May	3.67	3.67	3.67	3.6	3.3	3.85	4	4	3.67	4	3.87	3.55	3.66	3.88
Jun	3.6	3.6	3.7	3.5	3.7	3.6	4	4	4	4	3.6	4	3.7	3.8
Jul	3.5	4	3.75	3	3.5	4	3.75	3.75	4	4	4	4	3.5	3.5

Received
SEP 04 2024
Central Services

Comments (quoted)

- Would have liked more therapy, therapy cancelled a lot due to not being dressed
- Need to schedule longer sleep times, pill interruptions unnecessary

HEALTH AND REHAB CENTER AT THE GLENVIEW

Family Council

Please join us for a family council meeting. This meeting will continue to take place every 3 months and we will be discussing a variety of topics that have to do with Premier place and your loved one. This quarters meeting will take place on Wednesday August 28th at 5:00pm in the Premier Place Dining Room. At this meeting it will be my pleasure to introduce you to Cindy Babb Director of Nursing for Premier Place. Please feel free to reach out to Marci Bevacqua Social Service Director with any questions you may have as well as to RSVP. Light refreshments will be served. I can be reached at 239-431-2686

Thank you,

Marci Bevacqua SSD

SEP 04 2024

Received

Application for Nursing Home Gold Seal Award

G. Stable Workforce

Retention A high focus on employee retention and employee engagement. We have awards and recognition programs, employee contests, fun activities, luncheons, dress down days, etc.

Year	Quarter	Employed CNA's	Employed Licensed Nurses	CNA's Employed 1 Year	Licensed Nurses Employed 1 Year	CNA's Resigned or Terminated	Licensed Nurses Resigned or Terminated
2023	3 rd (July 1, 2023 – September 30, 2023)	37	29	31	26	2	3
2023	4 th (October 1, 2023 – December 31, 2023)	32	30	29	27	1	6
2024	1 st (January 1, 2024 – March 31, 2024)	35	29	30	23	8	5
2024	2 nd (April 1, 2024 – June 30, 2024)	37	35	23	21	8	14

Turnover Rate:

3rd Quarter (2023) __.08_____

4th Quarter (2023) __.11_____

1st Quarter (2024) __.20_____

2nd Quarter (2024) __.31_____

Stability Rate:

3rd Quarter (2023) __.91_____

4th Quarter (2023) __.89_____

1st Quarter (2024) __.80_____

2nd Quarter (2024) __.70_____

The Glenview Extraordinary Employee of the Month Recognition Award Nomination Form

Our Hospitality Promises

- We greet you warmly, by name and with a smile.
- We treat everyone with courteous respect.
- We anticipate your needs and act accordingly.
- We listen and respond enthusiastically in a timely manner.
- We hold ourselves and one another accountable.
- We make you feel important.
- We embrace and value our differences.
- We ask, "Is there anything else I can do for you?"
- We maintain high levels of professionalism, both in conduct and appearance, at all times.
- We pay attention to the details.

Vision Statement

To be the premier senior lifestyle community in Southwest Florida making a meaningful and measurable difference in the lives of those we serve through our dedication, graciousness, compassion, integrity and quality of care.

Mission Statement

We are dedicated to enhancing the quality of life and peace of mind of our residents by providing exceptional personal service and promoting wellness, healthy aging, and lifelong learning. We will conduct ourselves with unmatched dedication, graciousness, compassion and integrity.

The Extraordinary Employee of the Month Award is presented to:

- An employee who extends caring, concern, kindness or help beyond their job responsibilities, respecting and honoring all persons.
- An employee whose team spirit and positive outlook encourages the same in others, thereby increasing praiseworthy interaction between employees at The Glenview.
- An employee who exemplifies quality in workmanship, showing skills and strength.
- An employee who is fair-minded and promotes goodwill.
- An employee who builds happiness at The Glenview; a role model by example, who puts others first, helping them to succeed.
- An employee who embraces change and supports new ideas.

Name of Employee Nominated: _____ Department _____

Why do you feel this employee deserves recognition as Extraordinary Employee of the Month?

Submitted by: _____ Department: _____ Date _____

***Please return this nomination form to Human Resources**

Glenview Appreciation Week

Thursday 5/16
Appreciation
Scavenger Hunt
Cross & Socks Day

Friday 5/17
CheffR11 Food Truck
Premier Place
Parking Lot

Wednesday 5/15
A Taste of Home Potluck
Glenview Room
12-1pm
"Who's That Kid?"
Guessing Game

Monday 5/13
80's Throwback
Kick-Off Party
Premier Place Dining
Room 2-4pm

Tuesday 5/14
Ice Cream Social
Employee Break Room
2-4pm

CNA and HHA Appreciation Week!

Unless otherwise noted, breakfasts for our CNAs and HHAs will be located in both the Premier Place Dining Room and the GlenCare office at 6:30am. Lunches will be served at 12pm each weekday in the Premier Place Dining Room only.

Thursday 6/13	Friday 6/14	Monday 6/17	Tuesday 6/18	Wednesday 6/19
Breakfast sponsored by TMC: Bagels	Breakfast: Dunkin Donuts	Breakfast sponsored by McKesson will be located in the Premier Place Dining Room at 12pm.	Breakfast: Fruit Tray	Breakfast: Assorted Danishes
Lunch : JET'S Pizza	Lunch: Jason's Deli	Lunch sponsored by Medline will be located in the Premier Place Dining Room at 12pm.	Lunch: Moe's Southwest Grill	Lunch: PDQ



Bowties, Brownies & Brunch

The month of August is National Brownies at Brunch Month!

August 28th marks National Bow Tie Day!

And the combination certainly makes for a mouthful!

Wear a bow tie to work on **Wednesday, August 28th**
and join us for a to-go style brunch.

At 11am, come to the HR office dressed to impress—
because nothing says classy like eating dessert before n

A decorative background featuring a large, thin gold ribbon that forms a partial circle around the text. Scattered throughout the page are various gold confetti pieces, including stars, triangles, squares, and circles. A larger, thicker gold ribbon is visible in the upper right corner, looping and trailing off.

*2024 Glenview Anniversary Celebration
and Service Awards*

*Wednesday, September 25th
The Glenview Dining Room
12pm-1:15pm*

Celebrating YOU!



November 30, 2023

Dear Valued Team Member:

As part of our ongoing commitment to provide an engaging work environment, you will soon be invited to participate in a team member study being conducted on behalf of The Glenview at Pelican Bay by Holleran, an independent research firm. This survey is critical to the continuous improvement process and will provide a "benchmark" for future studies.

- Be assured that your participation is voluntary and your responses will be held in strict confidence. A summary of the data will be created at Holleran and returned in a report format for The Glenview at Pelican Bay to review.
- You will have the opportunity to complete the survey during regularly scheduled work hours/shift.
- Your survey will be submitted directly to Holleran.
- While individual surveys will not be shared with us, all comments will be reported. We encourage constructive feedback, but ask that you refrain from including any identifying information in your comments.

Our goal is to provide our team members with an opportunity to voice their opinions and ideas.

Thank you in advance for your participation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Angela Koplin". The signature is fluid and cursive, with several loops and a long horizontal stroke at the end.

Angela Koplin
Director of Human Resources

Section H – Targeted In-Service

Premier Place has an ongoing process to monitor quality measures and benchmarks. Plan is presented and reviewed at QAPI. Areas of opportunity are identified; root cause analysis is completed and Professional Improvement Plan is put in place appropriately.

Premier Place has partnered with Alliant Health Solutions, a vendor of CMS, as an active approach to improve our Quality measures.

Professional improvement plans, although Premier Place quality measures are not below standard, we continuously thrive for excellence. Audit tools are initiated both daily and weekly to ensure clinical compliance and is presented monthly in QAPI.

1. Pressure ulcers- effective/consistent wound care program:

- A facility wide resident skin care audit was completed
- Braden scales on all residents was updated.
- A standard wound care protocol was initiated and approved by our consulting wound care specialist.
- Education was provided to Nursing Staff.
- Wound tracker was in progress and distributed weekly to all IDT for review
- Assessment tools were initiated for the designated wound care nurse to complete weekly

2. Side rails

- We conducted a facility wide audit to determine who had or who needed side rails.
- Every resident had an assessment completed to determine if it was appropriate and if an alternative option was available.
- The side rails were measured to determine safety.
- Therapy also screened for safety.
- Audit tools were initiated involving three departments: clinical, admissions and maintenance
- Worksheet initiated with a check list for all items listed that the resident has to meet criteria prior to DON/Administrator completes the final sign off/approval.

3. Psychotropic medications monitoring

- A facility wide audit was conducted on resident with any psychotropic medications to ensure consents and resident education was completed.
- Assessments were completed on all antipsychotics to determine any abnormal involuntary movements present
- Black box warning labs were ordered to be completed every three months
- All behaviors are monitored and the usage of medications were re-evaluated.
- Monthly psychotropic meeting was initiated to include the IDT, Psychiatrist and pharmacy consultant.
- All psychotropic medications initiated or admitted with are reviewed by IDT to determine consent, education and monitoring is in place.

Our return to hospital residents is reviewed to determine if the admission could have been avoidable and if symptom or condition was present but failed to be identified. Premier Place with the assistance of the Medical Director will conduct education when needed.

Premier Place has a facility assessment tool and conducts education to staff upon hire, annually and as needed on the equipment, diagnosis, assessments listed in our clinical capabilities.

EDUCATION CALENDAR

Central Services

2023	CPR: Collier CPR	GLENVIEW ORIENTATION and ADRD	CONTINUING EDUCATION FOR CNAs	MONTHLY CNA EDUCATION	MANDATORY EDUCATION	MONTHLY NURSING EDUCATION
JAN	Classes available	10 th	Monthly/Self Study	Survey Prep	Monthly/Self Study	Survey Prep
FEB	Classes available	7 th	Monthly/Self Study	CNA Skills	Monthly/Self Study	Basic Nursing Skills
MAR	Classes available	7 th	Monthly/Self Study	Infection Control	Monthly/Self Study	Infection Control
APR	Classes available	11 th	Monthly/Self Study	Skin Care and Skin Breakdown Prevention	Monthly/Self Study	Skin & Wound Care
MAY	Classes available	9 th	Monthly/Self Study	Assessment Skills and Reporting to the Nurse	Monthly/Self Study	Assessment Skills
JUN	Classes available	13 th	Monthly/Self Study	Fall Prevention	Monthly/Self Study	Fall Prevention and Investigation
JUL	Classes available	11 th	Monthly/Self Study	Safety Fair	Monthly/Self Study	Safety Fair
AUG	Classes available	8 th	Monthly/Self Study	UTIs, Catheters and Peri-Care	Monthly/Self Study	UTIs, Catheters and Peri-Care
SEP	Classes available	12 th	Monthly/Self Study	CNA Skills	Monthly/Self Study	Nursing Skills
OCT	Classes available	10 th	Monthly/Self Study	Documentation & Change in Condition	Monthly/Self Study	Nursing Documentation and Change in Condition
NOV	Classes available	7 th	Monthly/Self Study	Abuse and Neglect	Monthly/Self Study	Abuse and Neglect
DEC	Classes available	5 th	Monthly/Self Study	Recap of year and QAPI	Monthly/Self Study	Recap of Year and QAPI

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EDUCATION CALENDAR

Central Services

2024	CPR: Collier CPR	GLENVIEW ORIENTATION and ADRD	CONTINUING EDUCATION FOR STAFF	MONTHLY STAFF EDUCATION	MANDATORY EDUCATION	MONTHLY STAFF MEETINGS
JAN	Classes available	9 th	Monthly Relias online	Survey Prep	Transition to Relias	Week of 1/22
FEB	Classes available	6 th	Monthly Relias online	Weekly CNA Skills	Transition to Relias	Week of 2/19
MAR	Classes available	5 th	Monthly Relias online	Infection Control	Transition to Relias	Week of 3/25
APR	Classes available	9 th	Monthly Relias online	Skin Care and Skin Breakdown Prevention	Monthly/Self Study	Week of 4/22
MAY	Classes available	7 th	Monthly Relias online	Assessment Skills	Monthly/Self Study	Week of 5/20
JUN	Classes available	11 th	Monthly Relias online	Fall Prevention	Monthly/Self Study	Week of 6/24
JUL	Classes available	9 th	Monthly Relias online	Safety Fair	Monthly/Self Study	Week of 7/22
AUG	Classes available	6 th	Monthly Relias online	UTIs, Catheters and Peri-Care	Monthly/Self Study	Week of 8/19
SEP	Classes available	10 th	Monthly Relias online	CNA Skills	Monthly/Self Study	Week of 9/23
OCT	Classes available	8 th	Monthly Relias online	Documentation & Change in Condition	Monthly/Self Study	Week of 10/21
NOV	Classes available	5 th	Monthly Relias online	Abuse and Neglect	Monthly/Self Study	Week of 11/18
DEC	Classes available	10 th	Monthly Relias online	Recap of year and QAPI	Monthly/Self Study	Week of 12/16



Clinical Pathways

Clinical pathways are a multidisciplinary plan of best practices for residents with a specific diagnosis. These clinical interventions are initiated at time of admission to aid in the coordination and delivery of high quality care. The goal of the clinical pathways is to reduce length of stay, reduce hospital readmissions, improve nursing documentation and improve clinical outcomes.

Premier Place has established the following clinical pathways:

1. Congestive heart failure
2. Pneumonia
3. Wound care
4. Pain management/acute pain controlled substance
5. Chronic obstructive pulmonary disease
6. Fall prevention and management

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Congestive Heart Failure Protocol

All residents with a diagnosis of congestive heart failure will have the following orders for treatment and care.

Upon admission:

1. The admission nurse will review the clinical record to determine if resident has a diagnosis of CHF.
 - a. Document type of CHF (if available)
 - Diastolic
 - Systolic
 - b. Document hospital baseline labs and weight
 - c. Initiate CHF protocol
2. Physician will evaluate and adjust CHF protocol orders according to individualized resident needs within 72 hours of admission.
3. If following Physician assessment determines that CHF is active or unstable; Tier 1 protocol will be maintained.
4. If following Physician assessment determines full CHF protocol is not indicated, Tier 2 will be implemented.

Desired Residents Outcomes:

1. Residents will meet a self-tolerance achieving increased activity, evidenced by a decrease in fatigue and weakness and vital signs during exercise.
2. Residents will demonstrate/verbalize understanding of disease process, disease management, and self-assessment skills.

Tier 1 CHF Protocol

- a. No water at bedside per registered dietician.
- b. Daily weights, if increase of 3 pounds overnight or 5 pounds in a week, update Physician.
- c. Daily blood pressure, pulse and record
- d. Oxygen saturation (pulse ox) upon admission and daily, report pulse ox <92% to Physician.
- e. Lung sounds and edema check daily. Document findings in clinical notes. For worsening CHF symptoms, complete SBAR, notify Physician.
- f. Assign nurse to educate resident about use of incentive spirometer every 2 hours while awake and ensure timely and correct use throughout their shift.
- g. 2 Gram NA diet
- h. Compression stockings

Tier 2 CHF Protocol

- a. No water at bedside per registered dietician.
- b. Weight Monday, Wednesday and Friday; if increase of 3 pounds overnight or 5 pounds in a week, update Physician.
- c. Daily blood pressure, pulse and record
- d. Oxygen saturation (pulse ox) upon admission and daily, report pulse ox <92% to Physician.
- e. Lung sounds and edema check daily. Document findings in clinical notes. For worsening CHF symptoms, complete SBAR, notify Physician.
- f. Assign nurse to educate resident about use of incentive spirometer every 2 hours while awake and ensure timely and correct use throughout their shift.
- g. No added salt diet
- h. Compression stockings

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Resident/Family education

1. Nurse to review
 - a. Resident home management of CHF
 - b. Resident's understanding of medication and diet
 - c. Resident/caregiver understanding of diagnosis of CHF
 - d. Present/continue cardiac education per individualized resident needs
 - e. Verify that resident has a follow up appointment with Primary Care Physician within 14 days of discharge.
2. Dietary to review
 - a. Fluid restriction and diet compliance

Reportable Conditions

1. Notify physician of new onset of:
 - a. Chest pain/tightness
 - b. Marked increased in dyspnea or respiratory distress
 - c. Persistent respiratory rate above 28 breaths per minute with labored respirations
 - d. Change in mental status
 - e. Change in cough or sputum production
 - f. Wheezing
 - g. Fever, vital signs changes from baseline
 - h. Presence of cyanosis or dyspnea

Medical Director: _____

Administrator: _____

Director of Nursing: _____

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Pneumonia Protocol

All residents with a diagnosis of pneumonia will be admitted under the following clinical protocols.

Upon admission

1. The admission nurse will review the clinical record to determine if resident has a diagnosis of Pneumonia.
 - a. Document type of pneumonia (if available)
 - Community-acquired pneumonia
 - Hospital-acquired pneumonia
 - Health-care acquired pneumonia
 - Aspiration pneumonia
 - b. Document hospital baseline labs and weight
 - c. Document antibiotic order from hospital with end date, if available
 - d. Initiate Pneumonia protocol
2. Physician will evaluate and adjust Pneumonia protocol orders according to individualized resident needs within 72 hours of admission.
3. After Physician assessment and determined that Pneumonia is active or unstable, protocol will be maintained for the duration of antibiotic therapy.

Clinical Assessment and Care

- a. Full respiratory assessment every 8 hours, while awake document findings in clinical notes
 - i. Oxygen saturation (pulse ox), report pulse ox <92% to Physician
 - ii. Lung sounds (noting for wheezing, crackles, and changes in LS). For worsening lung sounds, complete SBAR and notify Physician
- b. Daily weights, if increase of 3 pounds overnight or 5 pounds in a week, update Physician
- c. Daily blood pressure and pulse
- d. Monitor food intake and hydration, encouraging fluids
- e. Encourage cough to remove phlegm and deep breathing
- f. Monitor endurance and ADL performance
- g. Labs, portable x-ray as needed
- h. Respiratory treatments as needed
- i. Administer antibiotics and medication per Physician order
- j. Administer oxygen and breathing treatments per Physician order
- k. Assess and manage pain per Physician order
- l. Order for PT, OT evaluation (ADL energy conservation, mobility, transfers)
- m. Assess for appropriate sleep/rest
- n. Encourage good oral care

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Resident/Family education:

1. Educate on the importance of energy conservation, effective airway clearance, nutrition, as well as coughing and deep breathing.
2. Instruct patient and family about the cause of pneumonia, management of symptoms, signs, and symptoms, and the need for follow-up.
3. Provide education/safety training related to use of equipment such as oxygen concentrators, portable tanks, nebulizer machines, etc.
4. Verify that resident has a follow up appointment with primary care physician within 14 days of discharge.

Reportable Conditions

1. Notify physician of new onset of:
 - a. Chest pain/tightness
 - b. Marked increased in dyspnea or respiratory distress
 - c. Persistent respiratory rate above 28 breaths per minute with labored respirations
 - d. Change in mental status
 - e. Change in cough or sputum production
 - f. Wheezing
 - g. Fever, vital signs changes from baseline
 - h. Presence of cyanosis or dyspnea

Medical Director: _____

Administrator: _____

Director of Nursing: _____

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Clinical Protocol for Wounds

Program outline: Residents with wounds and those at risk for the development of wounds will be admitted under the following clinical protocols.

1. Residents admitted with wounds will have the wound order set initiated
2. Residents at risk for the development of wounds will have preventative protocols implemented
3. Residents admitted with wounds will have the following consults:
 - a. Dietary consult
 - b. IMMR – Interim Medication Management Regimen within 72 hours
 - c. Therapy evaluation and treatment
 - d. Wound consult if indicated
4. Residents will receive education regarding management of risk factors and promotion of healing

Desired Residents Outcomes:

1. Residents who enter the center without pressure ulcers do not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable.
2. Residents who enter with an existing pressure ulcer receive the treatment and service necessary to promote healing.

Clinical Assessment and Care:

A. General Preventative:

1. Residents will have a comprehensive assessment upon admission, including a head to toe visual skin assessment.
2. Residents will have a Norton Plus risk assessment completed upon admission to identify risks, including but not limited to degree to which skin is exposed to moisture, degree of physical activity, ability to change and control body position, usual food intake pattern, ability to respond meaningfully to pressure related discomfort, etc. These risk assessments will be conducted quarterly and with a significant change in condition. Individual risk factors will be addressed through the plan of care.
3. Obtain weights at least monthly to monitor for significant weight loss (5% in 30 days, 7.5% in 90 days and 10% in 180 days). The interdisciplinary team will refer to the RD for further evaluation and recommendation.
4. A nurse will complete weekly skin assessments and all staff is educated to report changes in condition noted at any time.

B. General Wounds:

1. Complete assessment of the wound and periwound at least weekly
 - a. Assess for location, size, color of wound bed, exudate, odor, temperature, surrounding tissue, pain at site, tunneling, undermining, wound type, stage if appropriate
2. Use of physician approved Wound Care protocol to determine appropriate treatment and implement the same
3. Administer medications per physician order

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Resident's name: _____ **Room #** _____

Date: _____

Fall Prevention Baseline Protocol

Upon admission all residents who score 59 or below on the Morse Scale Fall Risk Assessment, the Base Fall Risk protocol will be initiated and the following safety interventions will be followed:

ALL nursing staff will be aware of new admission and answer call light in a timely manner.

Frequent checks first 48 hours.

Nursing will be responsible for rounds.

CNAs will make regular rounds to assist residents and be proactive to meet resident's needs.

Remind resident to call for assistance.

Encourage resident to wear non-skid slippers or rubber soles shoes/sneakers

Ensure the resident walks with the recommended assistive device.

Encourage resident to continue to wear glasses or hearing aids, if appropriate.

Leave bathroom light on in resident's room at night as a night light.

Educate resident to get up slowly due to potential for orthostatic hypotension.

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Acute Pain Controlled Substance Protocol – July 1, 2018

Residents who are being admitted with an order/prescription for controlled substance, the following protocol must be followed.

Upon admission, the admission nurse will:

1. Review the clinical record to determine if resident has a Schedule II opioids prescription for **acute pain**. Acute pain is defined as time-limited pain related to surgery, trauma or acute illness.
 - a. Verify/confirm that resident has a prescription from the hospital discharging physician/surgeon for a 3-day supply of the medication; the amount of pills needs to be equivalent to the dosage and frequency of prescription.
 - i. Should the total number of pills prescribed not be adequate for the prescribed dosage and frequency, nurse will inform Director of Nursing, Assisting Director of Nursing or Designee.
 - b. Perform a comprehensive assessment. Assess location, characteristics, onset, duration, frequency, quality and severity of pain.
 - c. Document the date which resident will be due date for the 7 day prescription renewal.
 - i. Information will be kept in a binder; labeled 7 day prescription renewal on the Assisting Director of Nursing's desk, for covering physician review.

Desired Residents outcomes:

1. Resident will report good/satisfactory relief from pain management.

Clinical Assessment and Care:

- a. Observe for nonverbal indicators of pain: moaning, guarding, crying, facial grimace
- b. Use the pain assessment tool to assess pain
- c. Review resident's use of pain medications; opioid and non-opioid, record (dosage, frequency)
- d. Anticipate the need for pain management (prior to PT, OT)
- e. Use nonpharmacological pain relief methods (i.e. relaxation, cold pack, PT, OT)
- f. Provide optimal pain relief by administering prescribed pain relief medication
- g. Document resident's response to pain management
- h. Educate resident, family regarding proper pain management and non-pharmacological approaches.
- i. Educate resident that acute pain may not always be eliminated, help resident establish a comfort-functional level that he/she can perform the activities necessary for their recovery.
- j. Notify physician if pain intensifies or if resident report inadequate pain relief from existing pain management regimen.
- k. Nurse will track and maintain an ongoing list for the physician for the narcotic prescription renewals for the 3-day and 7-day.

Chronic Obstructive Pulmonary Disease (COPD) Protocol

Residents with a primary diagnosis of COPD will be admitted under the following clinical protocols.

Upon admission:

1. The admission nurse will review the clinical record to determine if resident has a diagnosis of COPD.
 - a. Document COPD diagnosis
 - b. Document hospital baseline labs and weight
 - c. Initiate COPD protocol
2. Physician will evaluate and adjust COPD protocol orders according to individualized resident needs within 72 hours of admission.
3. Residents admitted with a primary diagnosis of COPD will have the following consults:
 - a. Social Services consult, if appropriate
 - b. Dietary consult
 - c. Medication reconciliation within 72 hours
 - d. Rehab/therapy evaluation
4. Residents admitted with a primary diagnosis of COPD will have the head of bed elevated 45 degrees.

Desired Residents Outcomes:

1. Residents will maintain adequate perfusion
2. Residents will exhibit improved oxygenation
3. Residents will demonstrate/verbalize understanding of disease process, disease management, and self-assessment skills.

Clinical Assessment and Care:

A. General:

1. Residents will have vital signs taken every 4 hours while awake, when needed or ordered and full assessment every 8 hours, while awake or per Physician order.
2. Listen to lungs every 4 hours, while awake when needed or per Physician order.
3. Monitor food intake and hydration – weigh weekly
4. Assess color, consistency, and frequency of sputum production
5. Monitor ability to speak without breathlessness
6. Monitor endurance and ADL performance
7. Monitor sleep and eating pattern
8. Maintain portable ECG and portable x-ray as needed
9. Specialized nurse training on pulmonary assessment

B. Gas Exchange:

1. Initiate actions to decrease resident's anxiety
2. Place residents in mid-high Fowler's position with legs dependent
3. Remaining active despite symptoms of shortness of breath must remain a priority for all residents with COPD; clinically stable COPD residents whose activities remain symptom-limited despite optimal therapy should be referred to an exercise training program.
4. Rehabilitation programs that include resident education and exercise can reduce symptoms, decrease exacerbations and improve exercise endurance and quality of life.
5. Provide education/safety training related to use of equipment such as oxygen concentrators, portable oxygen tanks, nebulizer machines, CPAP machines, etc.

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Resident/Family education:

1. Nurse to review
 - a. Resident home management of COPD
 - b. Resident's understanding of disease process, disease management, and self-assessment skills.
 - c. Provide education/safety training related to use of equipment such as oxygen concentrators, portable oxygen tanks, nebulizer machines, CPAP machines, etc.
 - d. Verify that resident has a follow up appointment with Primary Care Physician within 14 days of discharge.

Reportable Conditions

1. Notify physician of new onset of:
 - a. Chest pain/tightness
 - b. Marked increased in dyspnea or respiratory distress
 - c. Persistent respiratory rate above 28 breaths per minute with labored respirations
 - d. Change in mental status
 - e. Change in cough or sputum production
 - f. Wheezing
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 - h. Presence of cyanosis or dyspnea

Medical Director: _____

Administrator: _____

Director of Nursing: _____

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 - i. Should the total number of pills prescribed not be adequate for the prescribed dosage and frequency, nurse will inform Director of Nursing, Assisting Director of Nursing or Designee.
 - b. Perform a comprehensive assessment. Assess location, characteristics, onset, duration, frequency, quality and severity of pain.
 - c. Document the date which resident will be due date for the 7 day prescription renewal.
 - i. Information will be kept in a binder; labeled 7 day prescription renewal on the Assisting Director of Nursing's desk, for covering physician review.

Desired Residents outcomes:

1. Resident will report good/satisfactory relief from pain management.

Clinical Assessment and Care:

- a. Observe for nonverbal indicators of pain: moaning, guarding, crying, facial grimace
- b. Use the pain assessment tool to assess pain
- c. Review resident's use of pain medications; opioid and non-opioid, record (dosage, frequency)
- d. Anticipate the need for pain management (prior to PT, OT)
- e. Use nonpharmacological pain relief methods (i.e. relaxation, cold pack, PT, OT)
- f. Provide optimal pain relief by administering prescribed pain relief medication
- g. Document resident's response to pain management
- h. Educate resident, family regarding proper pain management and non-pharmacological approaches.
- i. Educate resident that acute pain may not always be eliminated, help resident establish a comfort-functional level that he/she can perform the activities necessary for their recovery.
- j. Notify physician if pain intensifies or if resident report inadequate pain relief from existing pain management regimen.
- k. Nurse will track and maintain an ongoing list for the physician for the narcotic prescription renewals for the 3-day and 7-day.

Fall Prevention after Hospitalization

- It is **NORMAL** to be weak after hospitalization.
- It is very **COMMON** for people who just got out of the hospital to fall, even if they have never fallen before.
- We are trying to do everything we can to **PREVENT** an injury from falling.
- **YOU** are **NOT** the problem, being in the hospital was the problem. Calling for assistance is the **SOLUTION** to preventing a fall.
- You may have never of fallen in your life, but you have lost muscle mass. That is why you are here to get your **STRENGTH** back.
- Please make sure you use the **CALL LIGHT** to call for help if you need to get up. We do not want to see you have a fall and go back to the hospital because you broke your hip, broke your back or injured yourself (or dislocated your joint replacement – if the resident had a joint replacement).
- Our goal is not to take away your **INDEPENDENCE** or make you feel like you are a feeble old man or woman, we want you to get better, stronger, and independent.
- We know of a lot of very healthy, active people who are very **WEAK** after the hospital, and we want to make sure you do not have to go back to the hospital because of an injury which will lengthen the time it takes to heal and get stronger.
- This is a temporary state and we know you will get better, so please **CALL DON'T FALL.**



Resident's name: _____ **Room #** _____

Date: _____

Fall Prevention Baseline Protocol

Upon admission all residents who score 59 or below on the Morse Scale Fall Risk Assessment, the Base Fall Risk protocol will be initiated and the following safety interventions will be followed:

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Remind resident to call for assistance.

Encourage resident to wear non-skid slippers or rubber soles shoes/sneakers

Ensure the resident walks with the recommended assistive device.

Encourage resident to continue to wear glasses or hearing aids, if appropriate.

Leave bathroom light on in resident's room at night as a night light.

Educate resident to get up slowly due to potential for orthostatic hypotension.

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NAPLES, FL 34108
UNITED STATES US

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ACTWGT: 1.00 LB
CAD: 255024816/INET4535

BILL SENDER

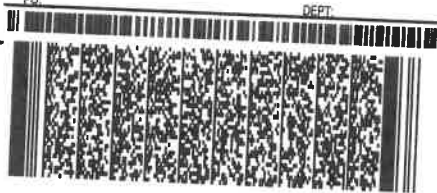
TO **AHCA LONG-TERM CARE UNIT**
AHCA
2727 MAHAN DRIVE, MS 33

TALLAHASSEE FL 32308

(850) 412-4303

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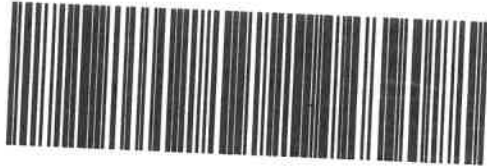
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