

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/17/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BISHOP GRADY VILLAS

**401 BISHOP GRADY COURT
SAINT CLOUD, FL 34770**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Bishop Grady Villas on 10/17/2019. Deficient practice was found at the time of the visit.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that	A 004		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 004	Continued From page 1 traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of chapters 408, Part II, 429, Part I, F.S. and rule chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to chapter 408, part II, and section 429.14, F.S., and rule chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on facility census review, licensure review and interview, the facility exceeded capacity and did not retain 4 beds for (. . .) use only as required by their license type. Findings: On , the facility provided a census of 47 residents. The facility is licensed for a capacity of 48 residents, to include 4 beds solely for the use of residents who receive On at 10:15AM, the director of residential programs identified only 2 residents as	A 004		

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A 004	Continued From page 2 receiving . . . , plus there was one vacant bed. He confirmed they had one resident without in a bed reserved for . . . only. Class III	A 004		
A 052 SS=D	429.256(. . .); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . . syringe that is prefilled with the proper dosage by a pharmacist and an . . . that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's . . . or placing the dosage in another container and helping the resident by lifting the container to his or her . . . (d) Applying . . . medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a . . . , including removing the cap of a . . . , opening the unit dose of . . . solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . . . (h) Using a . . . to perform . . . level checks.	A 052		

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A 052	Continued From page 3 (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an _____ but not with titrating the _____ prescribed _____ settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with _____ bags. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) _____ or _____ preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052			

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A 052	Continued From page 4 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052			

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A 052	Continued From page 5 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's _____ control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interview and record review the facility failed to ensure that unlicensed	A 052			

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A 052	Continued From page 6 staff followed the correct procedure when she assisted resident #11 with self-administration of medications. Findings: Observations on _____ at 9:32 AM noted staff E, a direct support professional, unlicensed staff assisted resident #11 with self-administration of medications. She took the medications and a cup from the locked cabinet. The resident had water. Staff A read the names of the medication's names and the milligrams. She put the pills in a cup and handed the cup to resident. The resident took the pills one at a time. The staff did not read the complete label (medication name, milligrams and frequency) and gave the resident the wrong dosage of medication at the wrong time of day. She gave the resident _____ 100 mg, due at bedtime instead of _____ 75 mg every morning. Staff A called the Licensed Practical Nurse (LPN), who said she would call the doctor, the family, pharmacy and the Registered Nurse. In an interview with staff A on _____ at 10 AM who said she normally did not read the frequency of the medication. Prescription labels date _____ indicated _____ 25 mg every morning, _____ 50 mg every morning and _____ 100 mg at bedtime. In an interview on _____ at 11:30 AM the RN said the doctor called and ordered to give the AM dosage in PM and the resident should be OK as she is saturated with the medication from long term use. A healthcare provider's verbal order	A 052		

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A 052	Continued From page 7 dated .. confirmed the RN statement. Class III	A 052		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure proper documentation	A 091		

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A 091	Continued From page 8 of training provided to staff upon hire for 2 of 4 staff reviewed (B and C). Findings: 1. Review of the electronic personnel record for staff B, caregiver hired _____, revealed a transcript for online training with dates. Total training hours for groups of topics were in the transcripts. The hours for each individual required class was not documented. There were no certificates available for review that met the requirements of 59A-36.011(12) F.A.C. For staff B, there was no certificates found for _____ Control, Activities of Daily Living & Behavioral Needs, facility-based Elopement response, reporting Adverse events & facility Emergency Procedures, Incident Reporting, Resident Rights and Recognizing & Reporting _____, Neglect & _____, Safe Food Handling, _____ / _____, and facility _____ policies & procedures. On _____ at 5:10PM, the Human Resources manager and the administrator explained they had gone to a new computer-based system for personnel records. They stated they used an online training program and said they loaded their own facility policies and procedures in the system for training. They confirmed they did not have certificates which met the regulations outlined in 59A-36.011(12) F.A.C. 2. Staff C was hired on _____. Personnel record review revealed a "All new staff hire training sheets. The subject was AHCA required trainings for a total of 13.3 hours, and another sheet attached indicated 21.5 hours of training. The sheets signed by the trainer however but not	A 091			

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A 091	Continued From page 9 dated. The individual hours of each training were not indicated. There was a 4-page transcript (both sides) attached that listed training the staff received and the dates completed. The review revealed no evidence to confirm the facility provided certificates of training that met the requirement of 59A-36.011(12) F.A.C. Class III	A 091		