

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND VILLA OF ALTAMONTE SPRINGS

**433 ORANGE DRIVE
ALTAMONTE SPRINGS, FL 32701**

(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 complaint investigation #2022001152 and an control monitoring was conducted at Grand Villa of Altamonte Springs on The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain written documentation of significant changes that occurred on for resident #2 and that the family member or legal representative was not notified of the changes. Findings: Resident #2's record review revealed admission date The last 1823 Health Assessment dated revealed resident #2 admitted into Hospice care with medical condition of D deficiency,	A 025			

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A 025	Continued From page 2 Hyponatremia, and history of of the . She needs assistance with all Activities of Daily Living (ADLs) and need assistance with self-administration of medications. On at 1:30 PM, reviewed written facility notes dated from . On at 7:45 PM, a nurse staff documented that the resident looked weak and felt very warm. Temperature was taken 99.9 and Hospice nurse was called to visit. Furthermore, there was no more documentation for dates , , and of status or condition of resident #2 and that resident #2 was admitted to hospital. The facility's next written notes were on at 1:15 PM by a nurse staff that was trying to follow up with the case manager for the hospital admission of resident #2 occurred but was not able to reach and there was not documented evidence that the family member was notified of the hospitalization. On at 1:58 PM, an interview with the Assistant Administrator confirmed the finding. Class III	A 025		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and	A 090		

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A 090	Continued From page 3 procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 2 of 12 sampled staff (F & K) completed one hour (.) training within 30 days after employment as required. Findings: 1. Staff F's personnel record review revealed hire date There was no documented evidence of the 1-hour training completed in the file. 2. Staff K's personnel record review revealed hire date There was no documented evidence of the 1-hour training completed in the file. On at 11:55 AM, an interview with the Interim Director of Nursing confirmed the findings after looking through both staff personnel records and could not locate. Class III	A 090			