Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968003	A. BUILDING: _____ B. WING _____	R 08/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF MELBOURNE	964 S HARBOUR CITY BLVD MELBOURNE, FL 32901

(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 revisit to Complaint Investigation #2022002932 was conducted on [redacted]. Grand Villa of Melbourne had an uncorrected deficiency.	{A 000}		
{A 025} SS=G	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 59A-36.012, F.A.C.	{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 (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: DEFICIENCY REMAINS UNCORRECTED Based on record reviews and interviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for . . and injuries for 1 of 2 sampled residents who experienced with injuries (#1). Findings: On . . . . , resident #1's medical record revealed this , was admitted on to the Memory Care unit. Her record contained a Resident Health Assessment form	{A 025}		

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{A 025}	Continued From page 2 (1823) dated ..... which revealed diagnoses including , , left , ... , and . Her physical limitations included gait disturbance due to low , ... " " was documented on the 1823 under special precautions. The 1823 showed resident #1 required assistance for bathing, , and toileting, and supervision for ambulation, eating, grooming, and transferring. Resident #1's record contained a service plan which was updated on ..... The service plan indicated the resident was a risk. The service plan did not contain ambulation aide under section I titled General Information. Section III titled Special Precautions indicated the resident was a risk, and to see section for mitigation strategies. Section titled Activities of Daily Living indicated the resident ambulated independently with the use of an assistive device. The facility note dated ..... at 12:15 PM revealed resident #1 while entering the dining room at 11:40 PM, and 911 was called because resident was crying in severe , . At 11:50 PM, the resident was transported to the hospital. The facility note dated at 3 PM revealed resident #1 was admitted to the hospital with a displaced of the left iliac wing. The facility policy revealed a wellness quality assurance meeting would be held weekly. The meeting would include all incidents since previous meeting, would include an evaluation of services being provided, and follow up on mitigation strategies. Resident #1's medical record revealed she had an unwitnessed in her room on . Her	{A 025}		

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{A 025}	Continued From page 3 service plan did not indicate that mitigation strategies were reviewed or updated after as per facility policy. On . . . . . at 5:30 PM, the Director of Nursing and the Administrator said resident #1 sometimes used a wheelchair. On . . . . . , the date of _ , the resident was not using a wheelchair. They confirmed the resident's service plan indicated she ambulated independently with the use of an assistive device. Class II	{A 025}		