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 _____	09/28/2023

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 complaint investigation #2023010146 was conducted on [redacted] at Harborside at Melbourne Assisted Living Facility. A deficiency was identified at the time of the survey.	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 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 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 observation, interview, and record review the facility failed to provide care and services appropriate to meet the needs of a resident by failing to provide adequate supervision for 1 of 5 sampled residents (#1) who sustained a with injury. Findings: On at 11:15am resident #1 sustained a with injury on the facility transport bus. She was transported to the hospital and was diagnosed with a . Resident #1 record review revealed she was	A 025		

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A 025	Continued From page 2 admitted on . . . . . Her record contained a Resident Health Assessment form (1823) dated . . . . . Her diagnoses included . . . , . . , and . . . She propelled herself in a wheelchair. Review of the facility notes revealed on . . . . . writer staff B was notified the resident had sustained a . . on the bus that was now parked in front of the community. Called 911 to transfer to the hospital. On . . . . . at 9:45am an interview was conducted with staff A. He was observed parking the bus in the entryway. There were no residents on the bus at that time. A tour of the bus with staff A found each seat was equipped with a seatbelt. There were tie for wheelchairs in the . . . and seatbelts for wheelchair occupants. He confirmed when resident #1 in the bus, she was not placed in a seat belt and her chair was not strapped. He said he did not know about the belts because he was new. He was trained after the incident on how to use the straps. A review of the facility's transportation policy & procedure dated . . . . did not find documentation regarding securing the resident with seat belts or wheelchair straps. The policy contained no information related to passenger safety. A review of the facility's . . policy & procedure dated found no procedures related to in the transportation vehicles. On . . . . /at 11:30 an interview with staff B was conducted. She said she received a call on . . . . from Staff A. He said Resident #1 had a . . on the bus. Her wheelchair tipped over and	A 025		

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A 025	Continued From page 3 she was hurt. He had picked her up and put her in a seat. He said he was very close to the facility. Staff B said she called 911 to come to the facility and staff A returned to the facility with the resident. They arrived at about the same time. took resident #1 to the hospital. She did not return to the facility because she , not long after the . A review of Staff B record revealed he was hired on . His record did not contain a job description pertaining to the facility transportation driver. There was no documented training related to transportation or the driver's duties. On at 1:08pm an interview with the Administrator was conducted. He confirmed staff A did not have a facility transportation driver job description in his record. He did not have any documented facility transportation driver training. He said the driver received some training from the previous activity director. None was documented and it was not the right training. He confirmed the transportation policy did not include passenger safety/security. Photographic Evidence Obtained Class II	A 025		