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
	AL11969035	A. BUILDING: _____ B. WING _____	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA SENIOR LIVING OF PALM BAY	3490 GRAN AVE PALM BAY, FL 32905

(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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an Adverse Incident Report electronically to the Agency within 1 business day after the occurrence of the incident for 1 of 4 residents sampled (#2). Findings: On a facility note documented by Nurse G at 9:45am read at approximately 6:15am writer was notified resident #2 was complaining of , and , . At approximately 8:50am the writer observed the resident lying in her bed. No visible injuries were noted. She was transferred to the hospital and diagnosed with a right , . A review of resident #2 record found she was admitted on and discharged on . She lived in the Memory Care Unit. Her diagnoses included , , , and . She used a wheelchair for mobility. She required assistance with ambulation, transferring and toileting. On at 6pm the assistant director	CZ821		

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CZ821	Continued From page 4 confirmed no Adverse Incident Report was submitted to the agency for resident #2 who sustained a right , due to an incident of unknown origin. Unclassified.	CZ821		
A 000	Initial Comments A survey for complaint #2024016881 and a generator monitoring were conducted on at Grand Villa Senior Living of Palm Bay. There were deficiencies 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 , 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	A 025		

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A 025	Continued From page 5 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. (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, record reviews and interviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs to ensure safety through	A 025		

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A 025	Continued From page 6 proactive measures to minimize the potential for and injuries for 1 of 3 sampled residents who experienced with injuries. (#2) Findings: A review of the facility notes found resident #2 who lived in the Memory Care Unit had a , of unknown origin documented on and 3 within 30 days , , and . A review of resident #2 record found she was admitted on and discharged on . Her record contained a resident health assessment form (1823) dated . Her diagnoses included , , and . She used a wheelchair for mobility. She required assistance with ambulation, transferring and toileting. Review of the facility care plan revealed she required assistance to propel wheelchair and to transfer. On a facility note documented by Nurse G at 9:45am. At approximately 6:15am the writer was notified resident #2 was complaining of , and , . At approximately 8:50am the writer observed the resident lying in her bed. No visible injuries were noted. She was transferred to the hospital with a diagnosis of right , . Late documentation written on at 6:30pm by Nurse I - At approximately 11:53pm on she received a call that resident #2 was complaining of , to the right , . The residents refused transfer to the hospital. No	A 025		

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A 025	Continued From page 7 documentation, the family or physician were notified. On at 1:45pm Nurse G documented at approximately 9:06am resident #2 was in the Memory Care 4th floor bathroom. She was found by another resident's personal caregiver. Resident #2 had no visible injuries. She was assisted to the toilet and then to her wheelchair. The resident stated the door was open with the wet floor sign. She wheeled herself in and trying to pull up her pants. On 11:30am Nurse G documented med tech observed resident sitting on the floor early in the AM. On Nurse G documented at 9:45am med tech notified her that during the night the resident was observed sitting upright on the floor next to her bed. On at 10:35am in an interview with unlicensed caregiver C, she said there needed to be more staff during morning care to attend to the resident's care and breakfast. Activity staff come in at 10am. Requested a facility policy. The policy provided was titled Assistive Device for Reduction dated as revised . The policy documented that the community promotes independence when utilizing assistive devices designed to reduce the potential risk for . On at 6:15pm an interview with Nurse G was conducted. She said she did not know which private aid found resident #2 in the bathroom on .	A 025		

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A 025	Continued From page 8 On at 6:20pm the Assistant Director verified there was 1 staff member scheduled for the 4th floor Memory Care Unit who was responsible for care and medication assistance on . The census on that day was 15 residents. She also confirmed resident #2 had a right , . . . of unknown origin. (Photo Evidence Obtained) Class II	A 025		