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
	AL11964652	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANDAD ELDERLY CORP	7520 SW 108 AVENUE MIAMI, FL 33173

(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 Biennial Standard Survey was conducted on , 2012. The Grandad Elderly Corp. had deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, 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 individual. (c) 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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	AL11964652	A. BUILDING _____ B. WING _____	/2012

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an updated written record of any significant changes for 1 out of 2 (SR#1) sampled residents. Findings include: A review of SR#1 ' s file revealed that she has a diagnosis as / / / / and was admitted to the facility on , SR#1 ' s last health assessment was . Further record review revealed documentation of SR#1 ' s weight. A review of the weight documentation revealed that on the dates of and , SR#1 was hospitalized. At the bottom of the weight document, is a comment section that read as, " kidnes problem, neumonia, she is actually in rehabilitation. " On , 2012 at 11:38 am, the surveyor conducted an interview with SE#4. SE#4 told the surveyor that SR#1 was hospitalized for two months. SE#4 told the surveyor that on SR#1 could not breath so the facility called 911. SE#4 told the surveyor that SR#1 ' s physician was not notified and SE#4 acknowledged that the she does not keep notes in the residents ' file to report any significant changes in the residents ' health. Class III	A 025		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records	A 054		

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A 054	Continued From page 2 (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain an up-to-date medication observation record (MOR) for 1 out of 2 (SR#1) residents. Findings include: Record review of SR#1 ' s medication	A 054		

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A 054	Continued From page 3 documentation revealed prescription dated for 1.25mg and 100mg. Review of SR#2 ' s medications revealed the presence of 1.25mg and 100mg capsules. Record review of SR#1 ' s medication administration record revealed both medications were not listed or documented on SR#2 ' s medication administration record for the month of 2012. During the tour of SR#1 ' s bed (#2), the surveyor observed a machine on the closet shelf. On , 2012 at 12:50pm, the surveyor conducted an interview with SE#4. SE#4 reviewed SR#1 ' s medication administration record and acknowledged the findings. Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications	A 055		

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A 055	Continued From page 4 being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at	A 055		

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A 055	Continued From page 5	A 055		

the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to ensure that medications for residents who no longer reside at the facility were disposed of for 7 out of 7 (#4,#5, #6, #7, #8, #9, #10), the facility failed to ensure that over the counter (OTC) products were properly labeled, failed to store medication in a location that is free of dampness and free from abnormal temperature, and failed to ensure that

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A 055	Continued From page 6 non- OTC medications were labeled. Findings include: On , 2012 the surveyor conducted a tour of the facility ' s centrally stored medication location. Further observation of the centrally stored medication revealed the presence of medications from individuals who are not listed as part of the facility ' s current census. SR#4: 10 mg, 4 syringes, SA, Patch, Patch, ; SR#5: Polyethylene ; SR#6: 2% ointment, .83 solution 1 mg; SR#7: , Santiyl Ointment, Nasal Spray; SR#8: D; SR#9: 2 boxes of syringes, tablets, Bisoprolo inhalation solution, ; SR#10: . Record review of the facility ' s admission and discharge log record revealed that SR#4 on , SR#5 was discharged on , SR#6 discharged on , SR#8 discharged , SR#10 was discharged on . The following OTC medications were found without proper labels: Sugar free, bottle, non- bottle, Multi-betic A & D Ointment, Gold n Diaper Ointment (3boxes). The surveyor observed eye drops medication for SR#2 stored in a box inside of the refrigerator. According to the manufacturer ' s instructions that were written on the box, Eye Drops was to be stored at . The following	A 055		

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A 055	Continued From page 7 non-OTC medications were not labeled: 2 boxes of , , , , 7 boxes of Easy Test Strips, 3 boxes of Lancets, 1 zip lock bag that contains loose Lancets. Record review of SR#2 ' s medication observation record revealed that she had been given Mupiroxcin 2% ointment on , 2012 at 8am. Observation of the Mupiroxcin 2% ointment revealed that it did not contain a label. On , 2012 at 1:25pm SE#4 acknolweged the findings and told the surveyor that staff could not locate the original box the Mupiroxcin 2% ointment came in. On , 2012 at 1:55 pm, the surveyor observed 2 white kitchen garbage bags filled with medications, 2 brown bags filled with medications hidden underneath SR#3 ' s bed in # and 1 white kitchen garbage bag filled with medications underneath clothes hidden in the closet in # . On , 2012 at 1:55pm the surveyor conducted an interview with SE#4. The surveyor observed SE#4 empty the bags of medication onto the floor in # . The content of the 3 garbage bags and 2 brown bags consisted of medications for the facility current residents as well as previous residents. When questioned about this SE#4 told the surveyor that they had notified the pharmacy. When questioned about why the bags were hidden underneath the bed in # and in the closet in # , SE#4 said okay and had SE#2 removed the bags. Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance	A 056		

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A 056	Continued From page 8	A 056		

with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication

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container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:

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A 056	Continued From page 10 Based on observation and interview, the facility failed to ensure that medications were properly labeled. Findings include: The following OTC medications were found without proper labels: Sugar free, bottle, , non- bottle, , Multi-betic , A & D Ointment, Gold n Diaper Ointment (3boxes). The surveyor observed eye drops medication for SR#2 stored in a box inside of the refrigerator. According to the manufacturer ' s instructions that were written on the box, Eye Drops was to be stored at . The following non-OTC medications were not labeled: 2 boxes of , , 7 boxes of Easy Test Strips, 3 boxes of Lancets, 1 zip lock bag that contains loose Lancets. Record review of SR#2 ' s medication observation record revealed that she had been given Mupiroxcin 2% ointment on , 2012 at 8am. Observation of the Mupiroxcin 2% ointment revealed that it was not labeled. On , 2012 at 1:25pm SE#4 acknowledged the findings and told the surveyor that staff could not locate the original box the Mupiroxcin 2% ointment came in. Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications,	A 057		

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A 057	Continued From page 11 , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that over the counter (OTC) products were labeled. Findings include: The following OTC medications were found	A 057		

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A 057	Continued From page 12 without proper labels: Sugar free, bottle, non- bottle, Multi-betic , A & D Ointment, Gold n Diaper Ointment (3boxes). The surveyor observed eye drops medication for SR#2 stored in a box inside of the refrigerator. According to the manufacturer ' s instructions that were written on the box, Eye Drops was to be stored at . On , 2012 at 1:25pm SE#4 acknowledged the findings. Class III	A 057		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing	A 078		

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services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that 2 out of 4 (SE#2, SE#4) sampled employees received a health assessment, annually.

Findings include:

Record review revealed that SE#2 ' s date of hire is : as care taker and SE#4 ' s date of hire is : as the facility ' s alternate administrator/manager. Record review SE#2 ' s personnel file revealed no documentation that

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GRANDAD ELDERLY CORP	7520 SW 108 AVENUE MIAMI, FL 33173

(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 078	Continued From page 14 showed that a health assessment was conducted. Record review of SE#4 ' s personnel file revealed that the last health assessment was on . On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. Class III	A 078		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , 1997, and managers who attended the core training program prior to , 1998, shall not be required to take the competency test. Administrators licensed as nursing home	A 080		

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A 080	Continued From page 15	A 080		

administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.
(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.
(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:
1. Retake the assisted living facility core training; and
2. Retake and pass the competency test.
(e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to provide evidence that showed that (SE#4) took CORE competency test and pass the exam.

Findings include:

Record review of SE#4 ' s file revealed a hiring

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A 080	Continued From page 16 date as as the alternate administrator/manager. Further review revealed no documentation that showed that SE#4 had completed the CORE training and passed the CORE competency test. On , 2012 at 2:30pm, the surveyor conducted an interview with SE#4. SE#4 told the surveyor that she had taken the CORE and had passed the test. Class III	A 080		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.	A 081		

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A 081	Continued From page 17 (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 1 out of 4 (SE#2) employees	A 081		

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A 081	Continued From page 18 received all required in-service trainings. The findings include: Record review revealed that SE#2 ' s date of hire is as care taker. Further record review of SE#2 ' s file revealed that it did not contain documentation that showed that she had received 1 hour in-service training in reporting Major Incidents, Reporting Adverse Incidents & Facility Emergency Procedures, 1 hour in-service training that covers resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , 3 hours in-service training that covers resident behavior and needs, and providing assistance with activities of daily living (ADL). Further record review of SE#2 ' s file revealed no documentation that showed that she had in-service training that covers resident elopement response policies and procedures. On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - / (3) / (/). Pursuant to Section	A 082		

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A 082	Continued From page 19 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to provide documentation to show that 1 out of 4 (SE#3) completed a course on and . Findings include: On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 told the surveyor that SE#3 will replace SE#2, who was used to replace a former employee who was fired. The surveyor observed SE#4 add SE#3 to the staffing schedule for the 7pm-7am shift. Record review of SE#3 personnel file revealed no documentation that showed that SE#3 had completed a course on and . On 10, 2012 at 10:40am, SE#4 acknowledged the findings. Class III	A 082		
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION	A 084		

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A 084	Continued From page 20 MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;	A 084		

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A 084	Continued From page 21 c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that 2 out of 4 (SE#1, SE#2) sampled employees received training in assistance with self-administered medication and medication management. Findings include: Record review revealed that SE#1 ' s date of hire is ' as the administrator. Record review revealed that SE#2 ' s date of hire is as	A 084		

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A 084	Continued From page 22 the care taker. Further record review revealed no documentation that showed that both SE#1 and SE#2 had received training in assistance with self-administered medication and medication management. On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. Class III	A 084		
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to provide documentation that showed 1 out of 4 (SE#2) employees received training in nutrition and food service in an assisted living facility (ALF).	A 085		

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A 085	Continued From page 23 Findings include: Record review revealed that SE#2 ' s date of hire is as the care taker. Further record review revealed no documentation that showed that SE #2 had received training in nutrition and food service in an ALF. On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. On , 2012 at 11:50am, the surveyor observed SE#2 assist with the food preparation and the food serving duties. Class III	A 085		
A 086 SS=D	58A-5.0191(9) FAC Training - ADRD (9) ' S AND RELATED (" ADRD ") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , 1998 and , 2003 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training	A 086		

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A 086	Continued From page 24 providers under paragraph (g) of this subsection will be considered as having met this requirement. " Staff who have regular contact " means staff who interact on a daily basis with residents but do not provide direct care to residents. Initial training, entitled " and Related Level I Training, " must address the following subject areas: 1. Understanding and related ; 2. Characteristics of ; 3. Communicating with residents with s ; 4. Family issues; 5. Resident environment; and 6. Ethical issues. (b) Staff who have received both the initial one hour and continuing three hours of ADRD training pursuant to Sections 400.1755, 429.917, and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility s and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training, " within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management; 2. Assistance with ADLs; 3. Activities for residents; 4. Stress management for the care giver; and 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which	A 086		

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A 086	Continued From page 25 meets the requirements of paragraphs (a) and (b) of this subsection can be found in the document " Training Guidelines for the Special Care of Persons with and Related " dated 1999, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under Section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by Section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under Section 429.178, F.S., within three (3) months of employment. " Incidental contact " means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor ' s degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with ' s or related ; or 2. Three years of practical experience in a program providing care to persons with ' s or related ; or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a	A 086		

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A 086	Continued From page 26 program providing care to persons with ' s or related . (h) With reference to requirements in paragraph (g), a Master ' s degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor ' s degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 out of 4 (SE#1) sampled employees received and related , (ADRD) training. Findings include: Record review revealed that SE#1 ' s date of hire is as the administrator. Further record review revealed no documentation that showed that SE#1 had received ADRD training. On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings. Class III	A 086		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ;	A 162		

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3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance ;
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.

(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.

(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.

(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.

(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.

(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.

(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.

(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the

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GRANDAD ELDERLY CORP	7520 SW 108 AVENUE MIAMI, FL 33173

(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
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required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal,

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A 162	Continued From page 29 limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate residents ' records for 1 out of 2 (SR#1). Findings include: A review of SR#1 ' s file revealed that she has a	A 162		

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A 162	Continued From page 30 diagnosis as / / / / and was admitted to the facility on . SR#1 ' s last health assessment was . Further record review revealed documentation of SR#1 ' s weight. A review of the weight documentation revealed that on the dates of and , SR#1 was hospitalized. At the bottom of the weight document, is a comment section that read as, " kidnes problem, neumonia, she is actually in rehabilitation. " On , 2012 at 11:38 am, the surveyor conducted an interview with SE#4. SE#4 told the surveyor that SR#1 was hospitalized for two months. SE#4 told the surveyor that on SR#1 could not breath so the facility called 911. SE#4 told the surveyor that SR#1 ' s physician was not notified and SE#4 acknowledged that the she does not keep notes in the residents ' file to report any significant changes in the residents ' health. Class III	A 162		
AL243 SS=D	58A-5.0191(8) FAC LMH - Training (8) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and	AL243		

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AL243	Continued From page 31 must be taken within 6 months of the facility ' s receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Staff in " direct contact " means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents. c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident ' s status or condition that may affect other services received or may require intervention; and crisis services and the ... procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to	AL243		

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meet the training requirement.
(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility ' s personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that and 1 out of 4 (SE#2) received the initial LMH specialized training and 1 out of 4 (SE#4) sampled employees received the biennial 3 hours of specialized license mental health (LMH) continuing education training

Findings include:

Record review revealed that SE#2 ' s date of hire is as care taker and SE#4 ' s date of hire is as the facility ' s alternate administrator/manager. SE#2 ' s file did not contain documentation that showed that she had completed the initial LMH training. SE#4 ' s file contain documentation that showed she had completed the initial LMH training on but no documentation that showed she had completed the 3 hours of LMH continuing education, biennially.

On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of

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AL243	Continued From page 33 her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. Class III	AL243		
AZ815 SS=G	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses 408.809, F.S. (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a description and explanation of the conviction at the time of license application. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee	AZ815		

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or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor ' s employer or the licensee.

(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person ' s fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with , the Department of Children and Family Services, or the Department of Financial Services for an applicant for a

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certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency.

(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee ' s behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid

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fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(g) Section 817.234, relating to false and fraudulent insurance claims.
(h) Section 817.505, relating to patient brokering.
(i) Section 817.568, relating to criminal use of personal identification information.
(j) Section 817.60, relating to obtaining a credit card through fraudulent means.
(k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(l) Section 831.01, relating to forgery.
(m) Section 831.02, relating to uttering forged instruments.
(n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(p) Section 831.30, relating to fraud in obtaining medicinal drugs.
(q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by 31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning , 2010, through , 2015. If, upon rescreening, such

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person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is

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providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2).

(8) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.

435.06, F.S.

(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.

(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background

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screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.

(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.

(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.

(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed.

(4) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages against, an

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AZ815	Continued From page 40 employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02(2), F.S. " Employee " means any person required by law to be screened pursuant to this chapter. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation that showed 2 out of 4 (SE#2, SE#3) employees received a Level 2 background screening with eligibility status. Findings include: On , 2012 the surveyor conducted a tour of the facility with SE#2. In # , the surveyor observed two beds, a suitcase in the closet, shoes and undergarments in the # . When questioned about the suitcase, shoes, and undergarments on , 2012 at 9:15am, SE#2 told the surveyor that the suitcase, the shoes and the undergarments belong to her. She told the surveyor that she works at the South Miami facility and she uses the # to change clothing. SE#2 denied sleeping in # and at the facility. Record review revealed that SE#2 ' s date of hire is as the care taker. Further record review revealed no documentation that showed that SE#2 had received a Level 2	AZ815		

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(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
AZ815	Continued From page 41 background screening with an eligibility status. On , 2012 at 10:30am, the surveyor conducted an interview with SE#4. SE#4 acknowledged the findings and told the surveyor that SE#2 is new and is used to work at two of her facilities. SE#4 told the surveyor that SE#2 was used to replace a former employee who was fired. SE#4 told the surveyor that SE#3 will replace SE#2. The surveyor observed SE#4 add SE#3 to the staffing schedule for the 7pm-7am shift. Record review of SE#3 personnel file revealed no documentation that showed that SE#3 had received a Level 2 background screening with an eligibility status. On , 2012 at 10:40am, SE#4 acknowledged the findings and told the surveyor that she will cover the 7pm-7am shift for that day to replace SE#3. On , 2012 at 11:50am, the surveyor observed SE#2 assist with the food preparation and the food serving duties and when the surveyor exited the facility on , 2012 at 2:45pm, SE#2 remained inside of the facility. Class II	AZ815		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Grandad Elderly Corp
7520 Sw 108 Avenue
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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