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 _____	

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 000		

[redacted] conducted complaint Inspection CCR#2012007888 at Grand Villa of Melbourne Assisted Living Facility in conjunction with CCR#2013000283 and the re-licensure survey.

Grand Villa of Melbourne Assisted Living Facility had Deficiencies found at the time of the visit pertaining to the complaint.

A 053	58A-5.0185(4) FAC Medication - Administration	A 053		

(4) MEDICATION ADMINISTRATION.
(a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label.
(b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as [redacted] glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including [redacted] glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is

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A 053	Continued From page 1	A 053		

not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure they provided a licensed staff to administer treatments to residents who received assistance with self-administration of medications for 2 of 19 sampled residents (#1 and #3).

Findings:

1. Tour of the facility on at approximately 10:30 AM revealed resident #3 had a next to her. The resident stated that she was independent with her treatment.

Resident record review revealed an Assisted Living Facility Health Assessment Forms (1823) dated and with diagnoses of obstruction and

and
The resident received assistance with all activities of daily living and assistance with self-administration of medications.

Review of physician orders dated stated

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A 053	Continued From page 2	A 053		

(bronchodilator) 3 milliliters for inhalation four times a day and as needed, at bedside may self-administer.

The resident was receiving assistance with self-administration medications and did not have a licensed staff administering her treatment.

Interview with the resident care director on at approximately 5:30 PM who stated the licensed staff was not administering her treatments.

2. During the tour of the facility on at approximately 11:15 AM revealed resident #1 had a next to her. The resident stated that she was independent with her treatment.

Resident record review revealed an 1823 dated that stated diagnoses of status post surgery, and The resident needed supervision with all activities of daily living and assistance with self-administration of medications.

Review of physician order dated stated may use as needed with (bronchodilator) 0.5/2.5 milligrams 1 vial four times a day, may self-administer.
The resident was receiving assistance with self-administration medications and did not have a licensed staff administering her treatment.

Interview with the resident care director on at approximately 5:30 PM who stated the licensed staff was not administering her treatments.

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A 053	Continued From page 3	A 053		

Class III

A 056 58A-5.0185(7) FAC Medication - Labeling and Orders — A 056

(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance 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

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A 056	Continued From page 4	A 056		

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 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;

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A 056	Continued From page 5	A 056		

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:
Based on resident record review and interviews the facility failed to ensure medications were refilled in a timely manner for 1 of 19 sampled residents (2).

Findings:

Resident #2 stated on _____, at approximately 10:30 AM in _____ that she went downstairs daily to get her medications. She added, her daughter ordered her medications and made sure she always had them (medications). As far as she can remember she had never run out of medications.
The record review for resident #2 on _____ at approximately 3 PM indicated diagnosis of ORIF _____ l femur and was alert and oriented x 3 (name, date and place). The health assessment dated _____ l indicated she needed assistance with self-administration of medications and listed _____ patch daily. The MOR for 2012 listed _____ patch daily and had staff initials circled on _____ and _____ and the back page of the MOR indicated "waiting on pharm" for _____ and _____.
The nursing supervisor stated on _____ at approximately 5 PM that she did not know why the medication was not available.
Class III

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A 160	Continued From page 6	A 160		
A 160	58A-5.024(1) FAC Records - Facility	A 160		

Records.
The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.
(1) FACILITY RECORDS. Facility records shall include:
(a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:
1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and
2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of .
Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other

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A 160	Continued From page 7	A 160		

services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with ..... ' s ..... ; or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the

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A 160	Continued From page 8	A 160		

local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility 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.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on interviews and facility records review the facility failed to ensure it maintained a grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
Findings:
Residents #12 and #13 stated on _ _ _ _ at approximately 10:30 AM in , that they have expressed concerns regarding the following issues: waiting too long for dessert ; waiting long to get their medications, the need of a work out area and a resident who should not live in an assisted living. The residents further stated that the above concerns _ _ l on _ _ 'ears,

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A 160	Continued From page 9	A 160		

seemed like because nothing was done about it. Review of the resident council meetings minutes on [redacted] at approximately 3 PM dated [redacted] to [redacted] revealed the meetings addressed residents' concerns regarding nursing services, maintenance, dietary services, activities, laundry, and management. Some residents expressed they waited long for dessert, others wanted to go on outings more often. Some said they had too much beef, others too much chicken. The meetings were held monthly. Continued review of the meeting minutes revealed there was no documentation to confirm the resident's concerns were addressed or resolved and that the residents were made aware of the resolution in the next meeting or individually.
The administrator stated on [redacted] at approximately 5:15 PM that she was shocked that residents would think that she did not care about their concerns as she spend most of her day hearing their concerns. She stated she normally delegated the residents' concerns to the individual in charge of the department area, whether it is dietary, nursing, maintenance and she expected that individual in charge of that department to correct the problem. She stated usually at the resident's council meeting, the old issues were discussed but it was not documented.
Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Grand Villa Of Melbourne
964 S Harbour City Blvd
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2012007888

This letter reports the findings of a state licensure survey that was conducted on 2013 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 **2013,** 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 Lorraine Henry at [redacted].

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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