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 |
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| A 000 | Initial Comments<br><br>[redacted] the re-licensure survey was conducted at Grand Villa of Melbourne Assisted Living Facility (ALF).<br><br>Grand Villa of Melbourne Assisted Living Facility had deficiencies found at the time of the visit. | A 000 | | |
| A 085 | 58A-5.0191(6) FAC Training - Nutrition & Food Service<br><br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview the facility failed to ensure the person in charge of food services completed 2 hours of continuing education annually.<br><br>Findings:<br><br>Interview with the person that was in charge of food services on 2/12[redacted] approximately 4:30 PM revealed he had been employed at the facility for more than a year. He explained that he had not obtained his 2 hours of continuing education annually as required. | A 085 | | |

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| A 085 | Continued From page 1<br><br>The administrator stated at approximately 4:45 PM on [redacted] that staff was the person in charge of the food service and had not obtained the above training as required.<br><br>Class III | A 085 | | |
| AN277 | 58A-5.031(2) FAC LNS - Resident Care Standards<br><br>(2) RESIDENT CARE STANDARDS.<br>(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C.<br>(b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.<br>(c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file.<br>(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files.<br>(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. | AN277 | | |

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| AN277 | Continued From page 2<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure a qualified staff provide Limited Nursing Service (LNS) for1 of 19 sampled residents (#3).<br><br>Findings:<br><br>During the entrance conference on at approximately 9:15 AM with the administrator, resident #3 was not identified as receiving LNS services and it was stated there were no residents on LNS at the time.<br><br>Tour of the facility at approximately 10:30 AM revealed resident #3 had an cannula next to her. The resident stated that she was independent with her<br><br>Resident record review revealed an Assisted Living Facility Health Assessment Forms (1823) dated and with diagnoses of obstructon and accident, and The resident received assistance with all activities of daily living and assistance with self-administration of medications.<br><br>Review of physician orders dated stated at 2 liters/per minute, may self administer, the order did not state directions for use. Review of a note on the front of the chart to the physician dated stated, patient having difficulty changing portable tanks due to poor short term memory and hand dexterity.<br><br>The resident was not admitted to LNS services for administration when the facility determined she was unable to be independent | AN277 | | |

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| AN277 | Continued From page 3<br>with her on<br><br>Interview with the resident care supervisor on said date at approximatealy 5:30 PM who stated the resident was not on LNS services.<br><br>Class III | AN277 | | |
| AN278 | 58A-5.031(3) FAC LNS - Records<br><br>(3) RECORDS.<br>(a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained.<br>(b) Nursing progress notes shall be maintained for each resident who receives limited nursing services.<br>(c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure for 1 of 19 residents (#3) who received a Limited Nursing Service (LNS), nursing progress notes were maintained.<br><br>Findings:<br><br>During entrance conference on at approximately 9:15 AM with the administrator, resident #3 was not identified as receiving LNS services and it was stated there were no residents on LNS at the time.<br><br>Tour of the facility at approximately 10:30 AM | AN278 | | |

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| AN278 | Continued From page 4<br><br>revealed resident #3 had an cannula next to her. The resident stated that she was independent with her<br><br>Resident record review revealed an Assisted Living Facility Health Assessment Forms (1823) dated and with diagnoses of obstruction and<br><br>and The resident received assistance with all activities of daily living and assistance with self-administration of medications.<br><br>Review of physician orders dated stated at 2 liters/per minute, may self-administer, the order did not state directions for use. Review of a note on the front of the chart to the physician dated stated, patient having difficulty changing portable tanks due to poor short term memory and hand dexterity.<br><br>The resident was not admitted to LNS services for administration when the facility determined she was unable to be independent with her on and nursing progress notes were not maintained.<br><br>Interview with the resident care supervisor on said date at approximately 5:30 PM who stated the resident was not on LNS services.<br><br>Class III | AN278 | | |

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: Biennial relicensure

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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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