STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	07/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grandparents Place Inc	13342 Sw 6 Street Miami, FL 33184

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced standard biennial survey conducted. on . Grandparents Place Inc had the following deficiencies at time of survey

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to train 2 of 4 (#3 and #4) facility staff in Nutrition anf Food service.

Findings as follow:

On at about 10:40 a.m. it was observed staff #3 preparing food for lunch for the facility residents.

On at about 12:00 PM staff #3 and #4 were observed serving food to facility residents.

Record review documented the facility failed to have staff #3 and #4, who were responsible for the facility food service, trained in Nutrition and Food Service .

On at about 1:00 p.m. the facility assistant administrator (staff #2) stated the facility failed to have staff #3 and #4 trained in Nutrition and food service.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 2 of 4 (#3 and #4) facility staff trained in 's within 30 days after employment.

Findings as follow:

Record review documented the facility failed to have staff #3 (hired on) and staff #4 (hired on) trained in 's.

On at about 1:00 p.m. the facility assoistant administrator stated staff #3 and staff #4 did not received the 's training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grandparents Place Inc
13342 Sw 6 Street
Miami, FL 33184

Dear Administrator:

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 (5000-3547) 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 9/27/2013 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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