STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	**08/21/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Melbourne	**964 S Harbour City Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Monitoring visit was conducted at Grand Villa of Melbourne Assisted Living Facility on [redacted].

There was a deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on medication observation, record review, observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications the staff followed the appropriate procedure at all times.

Findings:

Observations during a medication pass on [redacted] at approximately 3:15 PM revealed that the unlicensed Staff A gave medications to three residents. Each time when she gave the residents their medications, staff A took the medication from the medication storage cart and placed the pill/pills in the small cup and handed the cup to the residents with water to take. She repeated the same step for each of the residents when she gave them their medications. Each time when the residents were given their medication, she placed the medication package back inside of the medication storage without informing them of the medications that were given to them. Staff A did not first take the medication in its dispensed properly labeled container, from where it was stored. Staff A did not read the label, open the container, remove a prescribed amount of medication from the container, and close the container, in the presence of the residents.

The administrator was informed of these findings on [redacted] at approximately 3:45 PM and stated that Staff A was aware of the proper steps and she would make sure that additional training was provided to the unlicensed staff.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

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

Dear Administrator:

Re: Monitoring/appraisal-med pass

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 **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,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998