STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910336	08/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Ormond Beach	535 North Nova Road Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0151 - 58a-5.023(2) Fac - Physical Plant - Existing Facilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2013007006, was conducted on . . . Grand Villa of Ormond Beach had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to treat residents with consideration and respect in regards to privacy for 2 out of 9 sampled residents (Resident #1 and #2).

The findings include:

An observation of . . . found a double occupancy . . . two . . . beds, two dressers and two nightstands. There was an attached . . . a sink, toilet and shower. A door on the right wall of . . . opened to . . . was a single occupancy . . . a . . . bed, recliner, dresser and nightstand.

In an interview with the Resident Care Director on . . . at she reported that Resident #1 and Resident #2 resided in . . . She reported that they were in . . . but were moved in . . . " temporarily " while their . . . being refinished. She reported the move occurred on . . .

In an interview with Resident #2 on . . . at approximately 10:50 AM, she was upset because her neighbor did not have a . . . she had to keep coming into their . . . a glass of water and to use the . . . to take a shower. She reported that she was very upset about that and had told her caregiver.

In an interview with Resident Care Aid #1 on . . . at 1:53 PM, she reported that she provided assistance to Resident #1 and #2. . She reported that Resident #1 and #2 would complain that they don ' t like the resident from ro . . . coming over to use the bathr . . . " it disturbs them and their cat may get out " .

In an interview with the Administrator on . . . at 2:40 PM, she reported that she had asked Resident #1 and #2 if it was ok to let the resident in . . . use the . . . when needed. She reported they were " fine with it " . She stated that . . . and #130 use to be a two . . . that the facility converted it to two separate units. She also reported that the facility ' s protocol if a resident expresses a concern or a complaint to a caregiver they are to bring the concern to the attention of their supervisor immediately. She reported she had talked to the caregivers about reporting stating, " I tell them all the time " .

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Class III

0151-Physical Plant - Existing Facilities 58A-5.023(2) FAC
Based upon observation, resident and staff interview, the facility failed to ensure that it was in compliance with the Florida Building Code for renovations to an existing facility for three of nine sampled residents (#1, #2, and #9). Chapter 4, Section 434.4.5.4 of the Florida Building Code for Assisted Living Facilities requires sole access to a toilet or bathtub or shower shall not be through another resident's except in apartments within a facility.

The findings include:

An observation of found a double occupancy two beds, two dressers and two nightstands. There was an attached a sink, toilet and shower. A door on the right wall of opened to was a single occupancy a bed, recliner, dresser and nightstand.

In an interview with Resident #2 on at approximately 10:50 AM, she was upset because her neighbor did not have a she had to keep coming into their a glass of water and to use the to take a shower. She reported that she was very upset about that and had told her caregiver.

In an interview with the Administrator on at 2:40 PM, she reported that she had asked Resident #1 and #2 if it was ok to let the resident in (Resident #9) use the when needed. She reported they were " fine with it " . She stated that and #130 use to be a two that the facility converted it to two separate units.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a safe living environment free from hazards for 2 out of 9 sampled residents (Resident #1 and #2). In addition, the facility failed to have linens available for 1 of 9 sampled residents (Resident #1).

The findings include:

1) An observation was made of residence for Resident #1 and Resident #2, on at approximately 10:45 AM. To the right of the front door was a closet that was blocked by approximately four boxes of belongings standing approximately 2 and ½ feet high. The up into a small sitting area with two beds and two nightstands to the left and a television and a rocking chair to the right. Placed around the television and rocking chair were boxes approximately 4 feet in height, stacked. Around the window in the boxes with personal belongings spilling out. The boxes stacked were approximately 3 feet in height. The space between the two beds was free from clutter. There was a pathway approximately 4 feet wide from the bed area through the living area and to the front door.

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In an interview with Resident #1 on at approximately 10:50 AM, she reported that she did not pack her own belongings and that staff packed them for her. She reported that she has been moved to the " about 2 weeks ago " . She reported that she can ' t find anything because all the boxes are stacked and reported that she was not happy about the move.

In an interview with Resident #2 on at approximately 10:50 AM, she reported that she has a hard time maneuvering her wheelchair around the boxes.

In an interview with Resident Care Aid #1 on at 1:53 PM, she reported that Resident #2 told her that she does not like all the boxes and clutter and that she is not able to use all her stuff. She reported that the move for Resident #1 and #2 was " temporary " and that they had only been there for approximately 2 weeks.

In an interview with Housekeeping #1 on at 12:46 PM, she confirmed the stacked boxes could be a hazard, but reported " it ' s only temporary " .

In an interview with the Resident Care Director on at she reported that Resident #1 and Resident #2 resided in . She reported that they were in , but were moved in " temporarily " while their being refinished. She reported the move occurred on

In an interview with the Administrator on at 2:40 PM, she reported that the facility ' s protocol if a resident expresses a concern or a complaint to a caregiver they are to bring the concern to the attention of their supervisor immediately. She reported she had talked to the caregivers about reporting stating, " I tell them all the time. "

A record review for Resident #2 revealed an admission date of and a diagnosis of , legally and The Resident Health Assessment (1823) was completed on and found the resident to be coded as independent in ambulation by use of a wheelchair. A note in Resident #2 ' s chart revealed that on , the resident while transferring in the had a on her right foot. She was seen at the Emergency (ER) and was diagnosed with a strain and orders to wear an orthopedic shoe.

A record review for Resident #1 revealed an admission date of and a diagnosis of and osteoporosis. The Resident Health Assessment (1823) was completed on and found the resident coded as independent in ambulation, bathing, dressing, eating, self-care and toileting.

2) During tour of on at approximately 10:45 AM, one out of two of the beds was observed to not have linens in place. The mattress was bare and covered over with a green blanket.

In an interview with Resident #2 on at approximately 10:50 AM, she reported she would like sheets on her bed, however, " they don ' t bring them to me " .

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In an interview with Housekeeping #1 on [redacted] at 12:46 PM, she confirmed that sheets were not on the bed. She reported that she had been on vacation and was unsure as to why the sheets were not there.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grand Villa Of Ormond Beach
535 North Nova Road
Ormond Beach, FL 32174

Re: CCR #2013007006

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2013 by a representative 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

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