| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967603 | 09/13/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Amazing Grace Alf | 1106 E Richmere Street Tampa, FL 33612 | |

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

**List of Tags Cited:**

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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

Assisted Living Facility

A biennial state licensure survey with limited mental health (LMH) services was conducted on . in conjunction with a revisit.

The Amazing Grace ALF had deficiencies at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based upon interview and record review the facility failed to ensure that a varied on-going activities program was offered in accordance with residents abilities and individualized interests.

Findings include:

A review of the posted activities calendar revealed that on the day of this visit puzzles & dominoes was noted. One puzzle 1000 piece box was observed on the table in the living . No dominoes game pieces were observed either out on the tables or in the cabinet. Only a checker game could be found in the activity supply cabinet.

When one of the resident was asked if they had Dominoes (12:30pm) he said "I don't think so", it would be in the cabinet. When the residents were asked if they went to the Park (on calendar for Saturdays) or had a movie night (on calendar for Tuesday evenings) they both responded "no they didn't".

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon observation and 3 confidential resident interviews, the facility failed to ensure that residents were provided an environment which promotes safety, treats residents with respect, fosters personal dignity and freedom from intimidation.

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Findings include:

1. During confidential interview with one resident he stated that the staff uses profanity. He said the staff serves good food but uses it to keep him (the resident) in line and to control his behavior. He is given less food when he comes into the facility late. If he doesn't return to the facility by 10pm he is locked out all night. A review of the facility rules revealed no mention of a specific curfew time.

2. During another confidential resident interview this resident said that he has a hard time with the resident manager adding he uses food to punish residents when the staff gets upset. The resident said he has not attempted to go against the staff or report him to the owner because it could be worse and he would not receive any food.

3. A third resident also indicated he is locked out at night if not in by 10pm. This resident also verified that food is used as punishment, for instance if he doesn't clean his enough for the staff- stating he will get less to eat at the next meal. The resident indicated that the staff person put water on his sandwich at one occasion.

4. During confidential residents interviews it was stated that there is not any sugar or milk offered with their coffee in the morning. During interview with the administrator (approximately 3:30pm), she indicated that if a sugar bowl was put on the table the residents would use too much and its not good for their health.

5. Observation during facility tour revealed their was not any readily available hand soap in for residents to wash their hands after using the

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based upon observation of the noon medication pass the facility failed to ensure that proper procedures were followed for 3 of 3 residents (#2, 3 & 4 ) receiving supervising of self-administered medications.

Findings include:

During the noon medication pass, staff were observed to remove the prescribed medications from their storage container, bring the medications to the residents (#2, 3 & 4) and hand the medications to the residents to take.

In all instances the staff did not read the medication label in the presence of the residents.

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When this was brought to the attention of the administrator she indicated that the residents know what they are taking.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based upon observation and record review, the facility failed to ensure that medication records were accurate & medications were given to 1 of 8 (#3) residents reviewed as ordered by the health care practitioner.

Findings include:

During the noon medication pass of , staff handed resident #3 his inhaler (ProAir HFA 90mcg/inh aer) which was self administered by the resident. A review of the medication label revealed it was to be given "2 puffs every 6 hours as needed".

A review of the 2013 medication observation record (MOR) for resident #3 revealed this medication had been recorded on the MOR as given 2 puffs every 6 hours at 6am, 12noon, & 6pm routinely rather then "as needed".

A review of the residents record revealed no physicians orders on file to indicate the orders were changed from"PRN" to given daily at 6am, 12 noon, & 6 p.m.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure documentation was available for 1 (# C) of 3 employees that participated in a 1 hour in-service training within 30 days of employment.

Findings Include:

During record review on it was revealed staff #C, hired on did not have documentation available for review of having participated in a 1 hour in-service pertaining to reporting major incidents, adverse incidents and recognizing and reporting , neglect and , and facility emergency procedures.

The employee did not have documentation of completing a 3 -hour in -service training pertaining to assistance with activities of daily living.

There was not documentation of the employee attending an in-service pertaining to the facility elopement policies and procedures.

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An interview conducted with the administrator on at approximately 4:00 p.m., confirmed the required training was not available.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based upon interviews, observation & record review, the facility failed to follow the dietitian approved menus and document substitutions prior to or at the time the meal was served.

Findings include:

During this visit of the noon meal served consisted of a sandwich of 1 slice of ham, 1 slice of cheese, lettuce & tomatoes, potato chips & ice cream.

A review of the posted menu reflected for the date of this visit the noon meal was to consist of chili, tossed salad, bread with margarine, pears & tea. The substitution list reviewed for this date did not include the change to the noon meal. The last substitution noted was for .

During confidential resident interviews when asked what was served for breakfast, residents responded that for breakfast on the morning of this visit they had oatmeal & watered down coffee. The residents commented that they did not have sugar or milk for their coffee or oatmeal. One of the residents said he went to the store to get a cup of coffee with cream & sugar the way he liked it, that the coffee served at the facility was like colored water.

A review of the posted menu for the date of this visit noted the morning breakfast meal was to be fruit juice, oatmeal or cereal, toast, margarine & jelly, low fat milk, coffee or tea. The residents interviewed said they only received the oatmeal & coffee.

Subsequent to this survey a message was received from the administrator via email that she was looking at the wrong menu for lunch. She had prepared the food noted on the noon meal for Saturday instead of Friday in error.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based upon observation during tour, the facility failed to ensure that the following requirements were met related

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to residents living environment.

Findings include:

1. During facility tour on the to resident #6 did not have a bedside table. A small table lamp was observed sitting on the floor. The ceiling light/fan fixture in this not have a working light bulb.

2. The resident #2 did not have a light bulb in the ceiling fixture.

3. The hallway not have a light source. Per resident #6 (about 10 a.m.) the light bulb had blown out, he would try to replace the bulb.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

Dear Administrator:

Re: Biennial w LMH & 2nd Revisit

This letter reports the findings of a second state licensure survey revisit and a biennial state licensure survey with limited mental health (LMH) that were conducted on 13, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicates the deficiencies that were corrected relative to the second revisit and the deficiencies identified on the day of the visit relative to the biennial with LMH. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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