STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grandview	1706 Olive Road Pensacola, FL 32514-7553	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

0000-Initial Comments
An unannounced biennial standard survey with Limited Nursing Services was conducted on 14-15 at Grandview Assisted Living Facility. Deficiencies were found at the time of the survey.

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

Based on observation, resident and staff interviews, the facility failed to ensure the Air Conditioner (AC) Unit in 1 of 1 (Res #1) of 16 sampled residents ' living quarters was in working condition for the resident to safely operate and control the temperatures.

The findings are:

On facility tour of the 200 Hall between 9:50 am and 10:40 am on , the AC unit in was observed to have missing knobs. There were no knobs to control the Temperature Setting or Mode Setting on the unit. There was a fan on high speed in the directly in front of Resident # 1 who was sitting in a recliner in the middle of the floor.

During an interview on about 10:40 am., Resident #1 stated, " My hot. I cannot control my AC because the knobs are broken." Resident #1 revealed that she has been in the than a year and the knobs have been missing for a long period of time. Resident #1 stated, "The facility is aware of the knobs being broken and tells me that they will fix it but have not fixed the knobs yet. I had to purchase a fan because it gets too hot in this times."

Observations of Resident 1's made on about 7:50 am and about 10:00 am. The observed to be warm and the fan is on and sitting directly in front of resident #1. Resident states, " No one has come to fix my AC yet. "

During an interview with Staff E on at 8:00 a.m., Staff E revealed that the resident's always warm. When asked about the knobs on the ac unit Staff E states, "The resident's last broke the knobs off because they would have differences about the temperature." Staff E also revealed that the maintenance department is aware of the missing knobs. She states, "The resident doesn't mind the temperature most times because she likes the ".

During an interview with Staff D on at 10:00 a.m., Staff D revealed that the facility has a maintenance log that residents and staff complete for repairs. Staff D states " Problems are fixed as they are reported. After

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the repair is completed staff documents completion of the repair by signing and dating the log. He reveals that the knobs were either broken off by residents or removed per family request."

He states, "The knobs have not been replaced because the knobs disappeared. The Knobs were kept in a drawer at the Nursing Station on the 200 Hall but went missing some time ago." Staff D states that, " New knobs were ordered 2-3 weeks ago " . He was unable to provide evidence of the knobs being ordered to repair the AC Unit. He confirmed that the knobs are missing to control the AC unit's settings in . Staff indicates adjustments are made with pliers by maintenance staff as requested by residents for temperature control.

During an interview with the Administrator on about 1:30 p.m., the Administrator revealed that the facility was unaware of the missing knobs in or any other residents' . The Administrator states, "There have been no requests from family members to remove knobs from AC unit in any resident my knowledge."

Review of the Facility's Maintenance and Repair Log reveals that on there was a problem with the temperature being " too hot " in . The log reveals that the AC Unit was repaired on .

Class III

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

Based on staff interview and staff personnel file review, the facility failed to provide evidence of training for 1 of 3 sampled staff (Staff A).

Findings Include:

A review of Staff A's personnel file reveals that training was not available. The facility was requested to provide the the training documentation, but was not able to provide a copy of training for Staff A.

An interview was conducted with Human Resources (HR) on about 1:30 pm In reference to Staff A, she reveals that there is a Staff Training that conducts all the training after set up by HR. She states, " This staff member has worked at two of our facilities and may have completed training at one of our other facilities. I will check with the other facilities to see if there is a copy of the training on file." She confirmed there was no documentation of training in Staff A's file.

No further documentation was provided for Staff A at the time of exit.

Class III

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0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on resident and staff interview, chart review, and review of dietary special instructions for food the facility failed to provide 1 of 10 residents (#7) with a mechanical soft chopped meat according to doctor's orders.

The findings are:

An interview with Resident #7 revealed he was having difficulty eating the food in the facility. He stated, "I cannot eat due to my . . . I am supposed to have something I cannot eat what they serve because my . . . . were pulled " .

On . . . . about 12:15 pm Resident #7 was observed to be served fried chicken, potato salad, rutabagas, cornbread and cake. He stated, " See I cannot chew this I am having to gum it " .

A review of Resident #7's chart revealed a Resident Health Care Assessment for Assisted Living Facilities (1823) dated . . . . and indicates that the ordered diet is mechanical soft with chopped meats.

An interview with the Administrator was conducted on . . . . . about 12:56 pm. She stated, " The facility will provide low salt, low fat, no concentrated sweets and regular diets. There are instances where meat is chopped for residents if needed. "

She was asked if Resident #7 is on a special diet and chopped meats. She said she did not know and called the dietary department. Employee F provided a sheet used to determine which residents needed chopped meats. The Administrator confirmed that Resident #7's name was not on the list per instructions by his health care provider.

Class III

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

Based on observation,resident and staff interviews and record review, the facility failed to ensure the Air Conditioner (AC) Unit in 1 of 1 (Res #1) of 16 sampled resident's . . . . maintained in good working order.

The findings are:

On facility tour of the 200 Hall between 9:50 am and 10:40 am on , the AC unit in . . . . was observed to have missing knobs. There were no knobs to control the Temperature Setting or Mode Setting on the unit. There was a fan on high speed in the directly in front of Resident # 1 who was sitting in a recliner in the middle of the floor.

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Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on Staff Interview and Record review the facility failed to complete the required Monthly Nursing assessment for 1 of 3 (#6) residents receiving Limited nursing services (LNS).

A review of the LNS records for the three residents receiving the services was completed. The Monthly Nursing assessment for 2013 for Resident #6 was not found. An interview was conducted with the Administrator on about 10:40 am, the administrator reports the person responsible for completing the assessment quit without notice and the assessment was not done for Resident #6.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162