STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910336	12/04/2013
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial icensure Survey was conducted on , 2013. Grand Villa of Ormond Beach had licensure deficiencies found at the time of the visit

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and staff and resident interview, the facility failed to have a licensed nurse administer treatments to 1 of 1 sampled residents , Resident #1.

The findings include:

On at 9:05 a.m., an concentrator was observed to be in and it was running and set at 2 liters per minute. No one was in the It belonged to Resident #1.

Resident #1 had Health Assessment (1823) revealing she needed needed assistance with self-administration of medications. The resident had a hospice physician order dated for at bedtime as needed for She also had a order for 1 vial four times a day for Review of the resident's 2013 Medication Record revealed it was assisted four times a day and it was signed by medication technicians. They were not nurses.

The Resident's Medication Technician, Employee A was interviewed on at 9:50 a.m. She stated she did not assist with the Resident's lizer's treatment this morning. She stated she handed the treatment to the Resident Care Director to give it. She stated she did sign the Medication Record even though she did not actually assist with it.

The Resident Care Director was interviewed on at 9:55 am. She stated she did not administer the treatment to Resident #1 this morning. She could not explain why Employee A stated that. She stated the medication technicians did assist with the resident's treatments . She assumed they just handed the vial to the resident and she thought they were allowed to do that.

On at 10 am, Resident #1 was interviewed regarding her treatments. She stated that the staff pour the vial into the machine , turn it on and then hand it to her. When it was done, she was able to turn it off. She was not sure how often she received these treatments. She thought it was three times a day. Observation of the machine on at 10:01 a.m. revealed there was still liquid(about half filled-roughly the amount of one vial) in the machine. The resident stated she was not sure why, it might have been

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from last night. She stated she did not remember if she had it this morning because they were moving her furniture around in her ... Maybe it got turned off during that. The resident stated that she could not see well that was why she needed help with her medications.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to store medications in a locked compartment at all times.

The findings include:

A tour was conducted on ... at 9 am. Upstairs in hallway, there were 12 large clear plastic bins with medications cards in them from multiple residents. The surveyor opened up one of the containers and could remove the medications from the bins. There was no staff present. Anyone walking by, (residents, staff and visitors) had access to these medications. The Resident Care Director stated on ... at 9:05 a.m. that she just removed these bins from her office for pharmacy to pick up. She confirmed that they were not locked and staff was not supervising them. The pharmacy was to pick them up soon.

The Administrator on ... at 11 a.m. stated that once a month, they switch out all of the medications in the medications cart and return to pharmacy. They were supposed to come yesterday but they just picked them up.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a state biennial licensure 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 **, 2014** 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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