AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Grande, LLC (The)
725 Desoto Avenue
Brooksville, FL 34601

Dear Administrator:

Re: CCR #2013011373
CCR #2013011905
CHOW

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative of this office.

Enclosed 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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

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

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	**12/20/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grande, Llc (the)	**725 Desoto Avenue Brooksville, FL 34601**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

On through an unannounced change of ownership survey and two complaint surveys (CCR #2013011373 & #2013011905) were conducted at The Grande Assisted Living Facility in Brooksville Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation and interview, the facility allowed an unlicensed staff member (Staff D) to administer medications to 1 of 6 sampled residents (Resident #11).

The findings include:

On at approximately 7:00 PM during a medication observation it was observed that unlicensed Staff D was assisting residents with their medication. When Staff D assisted Resident #11 with her medication she placed two spoon fulls of yogurt into a small cup, read the medication label to Resident #11 and then she popped two pills from the medication package into the cup with yogurt. Staff D took the cup with the yogurt and medication to Resident #11, and then spoonfed the yogurt with the medication to Resident #11.

On at approximately 7:30 PM Staff D was asked if she knew the difference between assisting residents with self administration of medication and administering medication. Staff member D said she really did not know the difference.

On during an exit interview with the administrator (who is a registered nurse), she was told how Staff D administered Resident #11 with her medication. The administrator admitted Staff D did administer the medication to Resident #11.

Class III