

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967717	(X3) DATE SURVEY COMPLETED 12/31/2013
NAME OF PROVIDER OR SUPPLIER Grandmother's Home Care Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 4651 Nw 23 Court Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on _____, 2013. Grandmother's Home Care Corp had deficiencies at the time of visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review, observation, and interview, the facility failed to ensure the medication observation record (MOR) for 1 out of 6 residents (#1) were updated each time the medications were offered.

Findings include:

Record review of resident #1's MOR revealed medications _____ and Aldrazepam for the 8 PM slot for _____, 2013 was blank.

Observation of the bingo cards for both medications for date _____, 2013 revealed they were empty.

On _____ at 10:22 AM the administrator acknowledged resident #1 had taken both medications and staff had not immediately updated the MORs for resident #1.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grandmother's Home Care Corp
4651 Nw 23 Court
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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