STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	**02/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Melbourne	**964 S Harbour City Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing (LNS) monitoring conducted.

The facility had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 personnel records (#D), contained a statement from a health care provider, based on an examination that the person did not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis.

Findings:

Personnel record review at approximately 2 PM revealed staff D was a nurse and was hired on Continued review revealed no evidence to confirm freedom from communicable upon hire and freedom from yearly thereafter.

In an interview with the administrator on at approximately 2:30 PM that she thought the nurse had all the paperwork. An opportunity was provided to locate the documentation.

A fax was received at the Area Office 7 on at approximately 5:45 PM. Review on at approximately 4 PM, revealed an associate annual assessment dated and signed by the Health Nurse fit test indicated yes, passed and small. The form did not indicate that a test was done and it was negative for and conducted by a healthcare provider (nurse, doctor, Physician Assistant (PA) or an Advanced Registered Nurse Practitioner (ARNP).

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	**02/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Melbourne	**964 S Harbour City Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff records (#D) contained evidence to confirm she received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Findings:

Personnel record review at approximately 2 PM revealed staff D was a nurse and was hired on [redacted]. Continued review revealed no evidence to confirm she received in-service training regarding the facility's resident elopement response policies and procedures.

In an interview with the administrator on [redacted] at approximately 2:30 PM that she thought the nurse had all the paperwork. An opportunity was provided to locate the documentation.

A fax was received at the Area Office 7 on [redacted] at approximately 5:45 PM. Review on [redacted] at approximately 4 PM, of the documents received revealed no evidence to confirm she received an in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE A

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Villa Of Melbourne
964 S Harbour City Blvd
Melbourne, FL 32901

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 **, 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998