STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968242	02/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amazing Grace Inc	7008 Deland Ave Fort Pierce, FL 34951

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey was conducted at Amazing Grace Inc. on . The facility had licensure deficiencies identified at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, it was determined the facility did not ensure that each resident's health assessment was completed, for 2 of 2 sampled residents reviewed (Resident #1 and Resident #2).

The findings include:

1) During interview and resident record review conducted with the Administrator on beginning at approximately 10:20 AM, Resident #1's health assessment (AHCA 1823 form), dated that was located on his record, was reviewed. The Administrator acknowledged that this resident's name and date of birth was not recorded on pages 1-5 of this document. On page 4, the section that reflects the level of assistance each requires with medications was not completed. This resident was admitted to the facility on and a health assessment prior to the one dated could not be located. Another binder with documentation for Resident #1 was reviewed by the Administrator and the Manager and they acknowledged on beginning at approximately 10:35 AM, that this initial health assessment could not be located. They both stated they had reviewed Resident #1's health assessment, dated and did not identify at that time that there was missing documentation.

2) During interview and resident record review conducted with the Administrator on beginning at approximately 10:20 AM, Resident #2's health assessment (AHCA 1823 form), was not dated by the physician, did not contain the physician's medical license number; address of examiner/physician; or telephone number of examiner/physician. Pages, 2-5 did not contain any resident's name or date of birth. Page 2 did not reflect why type of diet this resident is to receive. Page

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4 did not indicate what level of assistance is required for medications by this resident.

Another health assessment for Resident #2 was located, dated (resident noted to have been admitted to the facility on this form did not reflect the facility's name; address; telephone number; or contact person's name. Page 2 did not reflect if Resident #2's needs can be met in an assisted living facility. Page 4 did not reflect the level of assistance that is required with medications for this resident. Page 4 also did not indicate the health care provider's telephone number.

This binder with documentation for Resident #2 was reviewed by the Administrator and the Manager and they acknowledged on beginning at approximately 10:35 AM, that Resident #2's health assessments were missing the above noted documentation. The Manager stated she had reviewed each resident's health assessments and she must not have noticed they were incomplete.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each staff member had documentation indicating they were free from on an annual basis, for 2 of 2 sampled employee files reviewed (Employee A and Employee B).

The findings include:

During interview and employee record review conducted with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate annual documentation for the following employees:

Employee A (direct care staff with a date of hire noted as 01
Employee B (direct care staff and Administrator with a date of hire noted as

The Administrator acknowledged that the last documentation related to for the identified employees was as follows:

Employee A:

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Employee B: . . .

The Administrator acknowledged understanding that each employee is to have documentation of freedom from . . . on an annual basis and both of the above noted employees records did not contain this documentation for 2013.

Class III

0083-Training - First Aid and . . 58A-5.0191(4) FAC
Based on interview and record review it was determined the facility failed to ensure that a staff member with a current First Aid card is in the facility at all times, for 1 of 2 sampled employee files reviewed (Employee B).

The findings include:

During interview and employee record review conducted with the Administrator, on . . . beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation of a current First Aid card for herself (Employee B). She stated she was not aware it was a requirement to have a current First Aid card on file and stated that she did have current . . on file. She stated she is in school for her RN (Registered Nurse) license at this time. She acknowledged that she did not have a current First Aid card and that she does rotate 12 hour direct care staff shifts 6:00 AM - 6:00 PM or 6:00 PM to 6:00 AM with another staff member. She also acknowledged that during her shifts she is the only staff member on site.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review, it was determined the facility did not ensure that each resident's record contained the required components, specifically related to weights documented semi-annually and documentation of the appointment of a legal representative when one signs documentation on behalf of the resident, for 1 of 2 sampled resident records reviewed (Resident #1).

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The findings include:

1) During interview and Resident #1's record review conducted with the Administrator and the Manager, on [redacted] beginning at approximately 10:20 AM, they were provided the opportunity to locate the required semi-annual documentation of weights for Resident #1. The last 2 weights obtained were on [redacted] at 150 pounds and [redacted] at 150 pounds. The Administrator acknowledged that this resident's weight record did not indicate any more recent documentation of weights. Review of Resident #1's ALF Resident Agreement and Informed Consent for Unlicensed Staff to Assist with Medications noted that Resident #1's Support Coordinator had signed both of these documents for Resident #1. Review of other signed documentation on this resident's file noted that he had signed for himself. The Administrator stated she does not know what happened with these 2 documents as Resident #1 signs his own paperwork. She acknowledged that the Support Coordinator does not have legal documentation to sign documentation for this resident (i.e. guardianship; durable power of attorney; or health care surrogate documentation).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amazing Grace Inc
7008 Deland Ave.
Fort Pierce, FL 34951

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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