STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967504	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Mary's House	**4828 Evanston Road Jacksonville, FL 32208**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR # 2014004611, was conducted on . Grand Mary's House had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and interview with the administrator the facility failed to obtain written informed consent for an unlicensed staff member to assist with self-administration of medication for 1 of 3 sampled residents (Resident #3).

The findings include:

Record review of Resident #3 revealed the consent for unlicensed staff to assist with self -medication of medication could not be located.

. . . . . at 11:00 AM an interview with the administrator revealed Resident #3 does not have an informed consent for unlicensed staff to assist with self- administration of medication.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and interview with the administrator, the facility failed to obtain a completed Resident Health Assessment (Agency for Health Care Administration form 1823) at the time of admission for 2 (Resident #1,#3) out of 3 residents sampled for completed Resident Health Assessments out of a total of 6 residents.

The findings include:

Record review of Resident #2 Health Assessment dated . . . . . revealed it was incomplete. Section 2 of the health assessment " Does the individual need help with taking her medication" was not answered, as well as " Needs Assistance with Self Administration of Medications " or " Needs Medication Administration " was not answered. Page 5 of the health assessment was also left blank.

Record Review of Resident #3 Health Assessment dated . . . . . revealed it was incomplete. Section 2 of the health assessment " Does the individual need help with taking her medication" was not answered, as well as " Needs Assistance with Self Administration of Medications " or " Needs Medication Administration " was not

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answered. Page 5 of the health assessment was also left blank.

In an interview with the Administrator on at 11:00 AM revealed the health assessment for Resident #2, Resident #3 were not complete. She said, "The hospital does not know how to complete the health assessment". She said "There is no reason why I did not sign it".

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to maintain a daily medication observation record (MOR) for 1 of 3 sampled residents (Resident #2), as well as failed to have an updated MOR that also reflected after each medication is offered for 2 of 3 sampled residents (Resident #1, #3).

The findings include:

Resident #1

Review of Resident #1's Medication Observation Record (MOR) , revealed many blanks. The MOR dated 2014 had medications that were not signed as given on the following dates: 9, 10, 11, 16, 17, 18, 23, 24, 25, 30, and 31 of 2014.

Review of Resident #1 MOR dated 2014 revealed the Flexpen was not written on the MOR. The MOR also lists eye drops written in 4 different places. The medication Amitza capsule 24 micrograms (mcg) 1 (po) by mouth twice daily is signed on MOR as given. 0.5% eye drops, instill 1 drop in left eye twice a day is listed on the MOR and signed as given on 2014.

On at 10:50 AM an interview with the Administrator revealed Resident #1 was not out to the hospital in 2014. The Administrator stated, the person who was here just didn't sign the MOR. She stated "I know they were given, they just didn't sign it." The administrator stated her comes from Wal-Greens and she does not sign it out as it is a self- administration medication. She said the resident gives it herself. The administrator stated in her nervousness she signed the eye drop and Amitza capsule as given. She stated Resident #1 is no longer on the eye drop. She also stated Resident #1 is not getting Amitza, it costs $50.00 to fill and it is not on her formulary.

Resident #2

Review of Resident #2 MOR ' s revealed there were no MOR's available for Resident #2.

On at 9:10 AM an interview with the Administrator said for Resident #2, her meds come from Shand ' s Pharmacy. She said I have nothing in writing for her. The administrator stated she doesn ' t have any MOR's for Resident #2. She stated they don't print them at Shand ' s. She stated she used to complete them a long time ago. She stated she knows what Resident #2 gets for medications, but she cannot prove what is taking because it ' s not written.

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Resident #3

Review of Resident #3's 2014 MOR, observed with many blanks on his MOR dated 2014. The dates of),11, 17, 18,20, 21,22,23,25 were not signed as medication administered at 9:00AM and 6:00 PM.

Review of Resident #3's 2014 MOR revealed it was missing a page for the following medication to be signed as given; Amiroderone 200 milligram (mg) 1 capsule by mouth (po) daily, 20 mg po daily, 25 mg po daily, and 2.5 mg po daily.

On at 8:45 AM an Interview with the Administrator stated, " I just didn't keep track of the MOR ' s, the person who should have signed them out didn't do it " . She said it is more important to see the care is being given. She said she knows that if it isn't documented it wasn't done. She said you know I know all of this right.

On at 10:00 AM an Interview with the administrator revealed Resident#3 ' s other MOR was not here, she stated, " I can't sign those other medications I gave " . She said she printed all of the MOR ' s and she was going to drop them off here this morning. She said that one must have got stuck in the printer.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interview, and record review, the facility failed to maintain properly labeled medication for 1 of 3 sampled residents (Resident #3).

The findings include:

On at 9:05 AM Medication observation for Resident #3 revealed the administrator handed resident the syringe and said "this is your 6 units" and handed the syringe to the resident. He self- injected the contents into his abdomen.

Review of 2014 MOR for Resident #3 revealed, Mix inject 25 units once daily at 9:00 AM. Written on the right of the 2014 MOR read, " self-administer".

On at 9:50 AM, Administrator, was asked to show the vial for Resident #3. She stated, " It's not here " . When asked what she meant by that, she said, " Here I will show you " . She brought over a lunch box that had been refrigerated. Inside were 4 pre-filled syringes with an unknown substance in the syringe. It appeared to be 6 or more units of whatever the liquid was. The administrator stated she does not keep his here because she is afraid another resident will mistake his for her . She said she draws it up from home and brings the syringes to the facility. She said she knows it is wrong, but it is safer that way.

at 12:38 PM a telephone interview with Employee B revealed, she does help with medications, but said," I don't give them their . Resident #3's is already fixed for him, I just need to hand him the needle " .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

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Based on employee record review and interview with the administrator, the facility failed to provide documentation of a 4 hour initial training in Assistance with Self-Administration of Medication for 1 out of 1 sampled employee (Employee B).

The findings include:

An employee record review request was made on ..... at 11:18 AM for Employee B. The Administrator "did not have time to look for the records requested."

In an interview with the Administrator on ..... at 11:20 AM she said she educated Employee B for a 4 hour certification of self- administration of medication assistance, but she said she does not know if the certificate is here. She said she has to leave to go to work right now because that is her primary job. She said she cannot look for everything needed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Mary's House
4828 Evanston Road
Jacksonville, FL 32208

RE: CCR #2014004611

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by representatives 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com