STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968049	06/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Manor Suites, Llc	4620 Socrum Loop Rd Lakeland, FL 33809	
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
St - A - 0150 - 58a-5.023(1) Fac - Physical Plant - New Facilities S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three unannounced complaint surveys, CCR# 2014003391, CCR# 2014003917, & CCR# 2014004948 were conducted on , in conjunction with a revisit to complaint survey, CCR# 2013013185, of .

The Grace Manor Suites, assisted living facility, had deficiencies at the time of the visit relative to

CCR# 2014003391.

No deficiencies were cited relative to CCR# 2014003917, & CCR# 2014004948.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that all newly hired staff submitted a statement from a health care provider within 30 days after beginning employment, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable , including . Failure to ensure that all staff are free from communicable se(s) including places residents, employees, and facility visitors at risk of adverse medical consequences.

Findings include:

One of three employee records randomly selected for review on beginning at approximately 11:00am contained no evidence of a newly hired staff person having submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Staff A was hired to provide direct resident care services on . Staff A ' s employee records contained a document indicating that a test was performed on owever, no results of the test were provided, and there was no statement of freedom from communicable signed by a health care provider as of file review.

Per interview conducted with the Administrator on beginning at approximately 7:00pm, the Administrator acknowledged the employee record missing the required documentation--The Administrator stated that it appears that the staff person did not return to the health care provider for test results.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968049	06/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff who provides direct care to residents receives in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents.

Findings include:

Three employee records were selected for review on beginning at approximately 11:00am. Per record review, Staff A was hired as a Resident Care Aide on Staff B was hired as a Resident Care Aide on Staff C was hired as a Resident Care Aide on

Two of three employee records selected for review (Staff B & Staff C) contained documentation of a .5 hour training entitled: " Wandering & Elopement in Long Term Care, " dated This training does not meet the requirement of in-service training regarding the facility's resident elopement response policies and procedures.

Three of three employee records selected for review (Staff A, B, & C) contained documentation of " Fire Alarm Procedure " training dated no time specified. This training does not meet the requirement of a minimum of 1 hour in-service training that covers the facility ' s emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (Staff A has until to be in compliance with this requirement; Staff B & C are overdue.)

Three of three employee records selected for review (Staff A, B, & C) contained no documentation of a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents. (Staff A has until to be in compliance with this requirement; Staff B & C are overdue.)

Per interview conducted with the Administrator and Administrator-in-training on beginning at approximately 7:00pm, the Administrator acknowledged the staff in-service training needs not yet completed by the time of the visit. Surveyors discussed with the Administrator and Administrator-in-training the specific requirements of staff in-service training as identified above.

Class III

0150-Physical Plant - New Facilities 58A-5.023(1) FAC

Based on record reviews and interviews, the facility failed to ensure they were in compliance with 69 A-40.036 fire exit drills (2) that states a new or existing sprinkled ALF shall conduct at least 6 fire drills a year, one every two months with a minimum of two drills conducted when the residents are asleep. A facility in compliance with other safety standards is not required to conduct more than one fire drill between 11p.m. and 7 a.m. per year.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968049	**06/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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Per review of the facility's fire drill log, the facility conducted their most recent fire drill on at 9:30pm. Previous fire drills conducted in the past year include: at 8:15pm; at 4:00pm; at 10:00am; and at 1:00pm.

The facility failed to conduct a fire exit drill during the 2-month period following the drill - The facility was cited for this deficiency on and conducted a fire drill on Although the facility took steps to correct the deficiency, the facility has still not conducted at least one fire drill between 11p.m. and 7 a.m. per year.

Per interview conducted with the Administrator and Administrator-in-training on beginning at approximately 7:00pm, they did take prompt action to conduct a fire drill when the need was brought to their attention during the survey. After discussion of the specific fire drill time requirements, the Administrator and Administrator-in-training plan to conduct a fire drill between 11p.m. and 7 a.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Grace Manor Suites, LLC
4620 Socrum Loop Rd
Lakeland, FL 33809

RE: CCR# 2014003391, CCR# 2014003917, CCR# 2014004948, and a Revisit

Dear Administrator:

This letter reports the findings of three complaint surveys and a state licensure revisit survey that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit and identified relative to 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida