STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942934	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Court Alf	295 Sw 4th Avenue Pompano Beach, FL 33060	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014001516, was conducted on [redacted] thru [redacted] at Grand Court ALF. The facility had a deficiency found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Base on observation and interview, the facility failed to demonstrate a grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures upon receipt of a complaint. The telephone number for lodging complaints against a facility or facility staff is posted in full view in a common area accessible to all residents.

The findings include:

1) An interview was conducted with the Administrator on [redacted] 11:30 AM, regarding how the facility responds and handles grievances. At this time, the facility's grievance log and policy was requested. Upon review of the log, it was revealed there was no documentation of any grievances received or resolutions. The Administrator stated " I resolve things as they happen so I don't write a grievance. I would spend all my time writing and not getting anything done " .

A review of the grievance policy documents revealed the following. Grievance forms are available to staff and resident/family members located next to the resident/family information board and outside social workers office. " A request was made to observe where the forms were placed. The Administrator stated they do not have a box with forms and there is no social workers office. The forms were not observed on the information board or any location within the facility.

2) During multiple confidential interviews conducted on [redacted] with residents between 9:30 AM 2:00 PM, they were asked if they had any concerns. Some of the residents during the interviews, stated they were getting bit by bugs in their bed. The residents stated they notified the Administrator and DON but they have not fixed the problem.

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During an interview at 12:00 PM with the DON and Administrator, the DON stated she knew residents were complaining about bed bugs for a couple of months. The Administrator was told and pest control called in. Upon request and review at 12:15 PM on of the pest control monitoring, revealed a "pest sighting log" from through that documents over 50 resident complaints related to bed bugs. Review of the pest control dates of service revealed receipts that pest control had been to the facility multiple times from to but only the invoices dated and documented treated for bed bugs on the invoices. During an interview with the Administrator at this time, she stated the facility had been treated for bedbugs upon every sighting but the pest control technician forgot to document all types of pest being treated for on the invoices.

During a tour on at 1:15 PM with the Administrator, DON and the Maintenance Man, the following was noted:

a) Resident observation of what appeared to be bed bug droppings were on the sheets. During an Interview with the resident they complained of being bit by bugs.

b) Resident observation/interview with Resident #5, who stated he was having a bug problem He stated he told someone but was not sure who. He stated he had bugs on his pillow this morning so they changed the sheets. The resident pointed out bites and itchy areas on both arms to the DON.

c) Resident observation/interview with Resident #6 who stated they had bed bugs all over their pillow and sheets so they changed the sheets. The resident pointed out bites and itchy areas on both arms to the DON and stated they told the Administrator about the problem in the past.

d) Resident observation/interview with Resident #7 who stated they were getting bit by bugs pointed out bites and itchy areas on her arm to the DON and stated they told the Administrator about the problem.

3) A telephone interview on at approximately 3:45 PM with the Department of Health (DOH) inspector revealed she did find evidence of bed bug infestation and will be returning to the facility for a follow up visit. Review of the DOH inspection report dated provided to the Agency on revealed the following. Bedbugs was found in Mattresses and box springs stained in and 74. Carpet dirty/stained in in disrepair in

4) During a tour of the facility on with the Administrator, the telephone number for lodging complaints against a facility was observed on the wall of one of the three resident units/wings and not near a telephone. The poster was not accessible to residents or family members upon entry to the facility

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or those visiting residents who live on the other 2 units/wings.

During an interview with the Administrator on at 3 PM, she acknowledged aforementioned and stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Court ALF
295 SW 4th Avenue
Pompano Beach, FL 33060

RE: CCR #2014001516

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com