RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grande, LLC, The
725 Desoto Avenue
Brooksville, FL 34601

RE: CCR #2014004647 & 2014007124

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grande, Llc (the)	725 Desoto Avenue Brooksville, FL 34601	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

On an unannounced complaint survey CCR# 2014004647 & 7124 were conducted at The Grande Assisted Living Facility in Brooksville, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have complete and accurate health assessments for 4 of 5 residents (residents1, 3, 4, &5).

Findings:

1. On a record review was conducted on resident #1 health assessment dated . It was observed page 1 did not have resident #1's height and weight, page 2 did not contain comments for bathing. Page 3 was missing comments for preparing meals and shopping. Page 4 did not have information regarding assistance with self-administration of medication. Page 5 was blank.

2. On a record review was conducted on resident #3's health assessment dated It was observed that page 2 did not have comments for activities of daily living. Comments were missing from page 3. Page 4 was missing information for assistance with self-administration of medication. Page 5 was missing entirely.

3. On a record review was conducted on resident #4's 1823 health assessment. (unknown date). It was observed the resident had two health assessments in her record. One 1823 was dated and stated on page 1 residents physical sensory limitations: Ambulates with walker/wears glasses. The assessment was was missing required information from page 2 and 3. Page 5 was missing. The second 1823 health did not have page 4 which should contain the physicians signature.

4. On at approximately 2:50 PM it was observed in resident #4 had a wheelchair and a walker. She stated the walker was given to her by a friend, and she uses the wheelchair when she goes out.

5. On a record review was conducted on resident #5 1823 health assessment dated . It was observed page 2 was missing comments for activities of daily living and section C, states YES to question number five, require 24-hour nursing or care. Page 4 is missing information regarding assistance with self-administration of medication.

6. On at approximately 12:35 PM an interview was conducted with resident #5's Physician Assistant by phone. The PA stated that the 1823 was inaccurate in stating YES to question number 5 on page 2.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grande, Llc (the)	**725 Desoto Avenue Brooksville, FL 34601**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on interviews and record reviews the facility failed to ensure 1 of 5 sampled residents received a face to face examination by a health care provider and an updated health assessment after a significant (resident #2).

Findings:

1. at approximately 4:41 PM an interview was conducted with the facility Resident Care Coordinator. She stated that resident #2 had a pressure on her bottom and it was being treated by a Home Health Agency.

2. a review of resident #2's record. The review revealed resident #2 started care for pressure on by the Home Health Company. Continued review revealed resident #2's most recent health assessment was completed on and there was no reference of a pressure .

3. at approximately 1:00 PM during an exit conference the facility Resident Care Coordinator was asked if resident #2 had an updated 1823 health assessment since the development of the pressure which she stated no.

Class III