STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967028	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Granny's Adult Home	1031 Nw 39th Court Coral Gables, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR 2014007553) survey was conducted on . Granny's Adult Care had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the facility failed to honor residents rights for respect 1 of 9 (#2) facility residents. The facility failed to limit to half bed rails for 1 of 9 (#2) residents.

Findings as followed:

On at 7:20 a.m. during facility tour, observed resident #8 sharing # with staff C. Staff C and resident #8 were observed going into the # to change clothing.

On at 7:20 a.m. staff C stated was sharing the resident #8 until the resident leave to other facility.

On at 11:00 a.m. the facility's administrator confirmed resident #8 was sharing #. with staff C provisionally until the resident moves to another facility.

In # , observed resident #2 in bed with full rails (2 half rails making a full) on the right side of bed.

Record review showed the facility had a half bed rail prescription for resident #2.

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

Based on record review and interview, the facility failed to ensure 2 of 5 (staff C and D) facility staff received in-service training within 30 days of employment.

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Findings as followed:

Record review documented the facility failed to have staff C (caretaker, hired on) and staff D (caretaker, hired on) trained in 1 hour of reporting major and adverse incidents, emergency procedures and elopement policies and procedures. Staff D failed to receive 3 hours of Resident behavior and needs including providing assistance with the activities of daily living (ADLs).

On at 11:50 a.m. the facility administrator confirmed the facility failed to have staff C and D trained in reporting major and adverse incidents, emergency procedures and elopement policies and procedures. Staff D did not have ADLs training.

Class III

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

Based on observation, record review, and interview, the facility failed to have the medication training for 2 of 5 (Staff C and D) facility staff who assist with self administration of medications.

Findings as followed:

On at 7: 40 a.m. staff C (hired on) observed assisting resident #5 with self-administration of medications. On at 7:50 a.m. observed staff D (hired on) assisting resident #2 with self- administration of medications.

Record review showed the facility failed to have any medication continuing education training for staff C and failed to have the medication training for staff D. Record review documented the last continuing education training for staff C was dated .

On at about 11:50 a.m. the facility's administrator confirmed the medication training were missing, they were misplaced.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have the 's training for 1 of 5 (Staff E) facility staff.

Findings as followed:

Record review documented the facility failed to have documentation of the 's training for staff E (hired on).

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On at 11:50 a.m. the facility administrator stated the missing training was misplaced.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure 3 of 5 (A, B and E) facility staff received a minimum of 3 hours training in Limited Mental Health.

Findings as followed:

Record review showed the facility failed to have documentation of 3 hours of Limited Mental Health (LMH) continuing education training for staff A (administrator) , staff B (assistant administrator), and staff E (caretaker). Record review documented the last Limited Mental Health continuing education training for staff A, B and E was dated .

On at 11: 00 a.m. the facility's administrator stated the facility failed to have the Limited Mental Health continuing education training for staff A, B and E.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to perform the Level 2 background screening for 1 of 5 (E) facility staff. the facility failed to have the staff records with copies of completed level 2 background screening for 2 of 5 (Staff A and B).

Findings as followed:

Record review showed the facility failed to have the documentation of the level 2 background screening performed every 5 years for staff A (background dated) and B (background dated).

On at 11:00 a.m. the facility administrator stated the missing training were misplaced and added had to perform a new background screening for staff A and B.

Record review showed the facility failed to have a Level 2 background screening performed by AHCA for staff E (background screening dated / performed by the Department of Children and Families).

On at noon the facility's administrator stated the facility failed to have the required level 2 background screenings for staff E.

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Unclassified Deficiency

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility exceeded its license capacity of 6 beds, facility census at the time of survey was 9 residents.

Findings as followed:

Facility tour on at 7:20 a.m. with staff C (caretaker) found the facility had beds for 9 residents:

: resident #3 (hospitalized) and resident #4 (observed eating breakfast)
: resident #8 who was sharing the staff C.
: resident #2 who was observed in bed , resident #7 and resident #6 (were observed eating breakfast).
: resident #9 observed in bed sleeping, resident #1 observed in bed sleeping, resident #5 observed in bed.

Record review showed the facility had resident records containing the health assessments, medication orders and contracts between facility and residents #1, #2, #3, #4, #5, #6, #7, #8, #9.

On at 8:20 a.m. during interview, resident #6 stated was living in facility for about 7 months. And added was assisted with self- administration of medications by facility staff.

On at 8:40 a.m. resident #7 stated was living in facility for about a month. Stated received assistance to take medications by facility staff.

On at 8:50 a.m. resident #8 stated was living in facility for about 8 months.

On at 9:00 a.m. the facility administrator stated, the facility had 9 residents because was buying a new ALF and was planning to move three residents, #6, #7, #8.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Granny's Adult Home
1031 Nw 39th Court
Coral Gables, FL 33134

RE: CCR #2014007553

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on , 2014 by representative(s) 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, Rn
Field Office Manager

AMD:ve
Enclosure
XG90

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