STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grandview	1706 Olive Road Pensacola, FL 32514-7553	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0011 - 58a-5.0181(5) Fac - Admissions - Discharge S-S= D

0000-Initial Comments

An unannounced complaint survey for CCR 2014009020 was conducted at GrandView Assisted Living Facility on Deficient practice was found at the time of the survey.

0011-Admissions - Discharge 58A-5.0181(5) FAC
Based on staff interview, and resident record review the facility failed to provide an appropriate discharge according to Section 429.28 FS for 1 of 3 (#2) sampled residents.

The findings are:

Record review for resident #2 revealed she was admitted to the facility on and discharged on to another Assisted Living Facility (ALF). According to the Resident Health Care Assessment for Assisted Living Facilities (Form 1823) dated the resident was admitted with diagnosis of and deficiency. or behavioral issues: Resident #2 is alert to name, year, place and situation. No behavioral problems, poor short term memory recall. She needed assistance with self-administration of medications and she was independent of all Activities of Daily Living except bathing where she needs supervision.

A letter dated was found in the medical record to inform the resident of 45 day notice. First paragraph reads: This letter is to inform you that we are giving you a 45 day move out notice. It seems that over the last couple of months you have not been happy here at (name of facility). You have been very vocal with your feeling of unhappiness and it has been reflected in our staff, other residents, as well as their guests. We feel you would be happier elsewhere. The letter has no signatures other than the administrator.

A review of the resident observation log was conducted. Behavioral notes are as follows: Notes dated resident yells when she wants attention. Talked with her to keep voice down and not to yell in hallway. hard of hearing appointment with ear doctor; resident to get hearing Resident continues to create disturbances in hallways, dining area and front resident yelling in hallway asked resident to go to continued to yell in hallway. Accompanied resident to resident put in her hearing in ears and continued to be loud and upset. Resident refused all medications Health Care Provider (HCP) discontinued pain and agitation medications previously. Resident continued to make allegations about staff stealing clothes, and calling administrator names. nurse called and in resident who is threatening the staff and to call police. Talked to HCP and orders for treatment and evaluate discussed with nurse. On the resident is in the administrators office with nurse to discuss 45 day notice. The resident is yelling and visibly upset. She is very aggressive towards administrator stating that she was Satan's mistress and being led by the devil and an evil person. The resident is talking about all types of things not making much sense. nurse called Emergency Medical Services and sent to the

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Emergency treatment and evaluation. The resident stated that she wanted to see a psychiatrist at the hospital. The last notation dated resident discharged to another assisted living facility.

An interview was conducted with the Administrator on about 12:21 pm. She stated, " We had Issues with her early on, she refused medications, in waste baskets. She screamed down the hall even after we got hearing for her. She came across the desk for me the day she left. The nurse was here when she tried to come across the table for me. We had previously given her 45 day notice. " Another ALF came and completed an evaluation on her. She did not want to leave here. No, residents do not have to sign 45 day notice. " When asked where she went after leaving the facility she said she had gone to the hospital.

She then stated, " The hospital called wanting her to come back here we felt she was a danger to herself and to me. We felt we could not take care of her. No we do not have medical documentation that we could not meet her needs at this facility. The hospital contacted us that she was ready to come back to the facility. No we would not take her back. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

RE: CCR #2014009020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McSwain, RN for
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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