RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 this office at (386) 462-6201.

Sincerely,

Kristie 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
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	10/02/2014
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)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/02/2014

Revisit Repeat Tags:

0010-Admissions - Continued Residency-58a-5.0181(4) Fac

Revisit New Tags:

0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac
0165-Risk Mgmt & Qa; Adverse Incident Report-429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac

Specific Tag Findings:

0000-Initial Comments

On , an unannounced survey revisit as follow-up to CCR #2014004647 and CCR #2014007124 was conducted at The Grande Assisted Living Facility in Brooksville, Florida. Deficient practice was identified at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record reviews interviews, and observations the facility failed to ensure that it met the criteria for continued residency for 1 of 6 residents (resident #7).

Findings:

A record review was conducted on resident #7 1823 health assessment, dated Section A of the health showed Resident #7 requires assistance with ambulation; minimal distance. Further review revealed resident #7 needs assistance with transferring. The comments for transferring state, "bears weight for short periods."

On at approximately 12:00 PM an interview was conducted with the facility resident care director LPN. She stated resident #7 has had a significant decline in the last two weeks.

On at 1:00 p.m. resident #7 was interviewed, stated the staff members have to pick her up and places her in her wheelchair. Resident #7 also stated staff members do the same thing when she has to use the . Resident #7 further stated she cannot stand on her feet and that she is not suppose to stand on her feet.

On at approximately 1:15 PM staff A was interviewed. Staff A said the staff pick resident #7 up and place her in the wheelchair. Staff A was asked if resident #7 can stand on her feet during the transfer or bear any weight and she said, "no because she cannot straighten out her legs."

On at approximately 2:40 PM staff A was observed conducting a total lift on resident #7 while she transferred her from the bed to the wheelchair. Staff A lifted resident #7 from the front with her arms under

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resident #7 arms and placed resident #7 in her wheelchair. As she placed resident #7 in the wheelchair resident #7's right foot dragged across the floor. Resident #7's left foot did not touch the floor.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interviews and observations the facility failed to obtain a physicians order for a half bed rail for 1 of 6 residents (resident #7).

Findings:

On at approximately 12:00 PM during an interview with Licensed Practical Nurse (LPN). She was asked if resident #7 had a physicians order for the half bedrail the family placed on her bed. The LPN stated there was no physicians order for the bedrail.

On at approximately 1:00 PM it was observed that a half bedrail was in the up position while resident #7 was lying in her bed in the position. The rail were located in the center of the bed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interviews the facility failed to maintain an accurate medication log for 1 of 4 residents (#6).

Findings:

On a record review was conducted on the medication observation record (MOR) and log for resident #6. It was observed that prescription #715388172 10 Hydrocodon 5-325 was to be taken by the resident twice daily starting between 7:00 PM-9:00 PM. From the MOR showed the resident was given 1 pill in the morning between 7am-9am and 1 pill in the evening between 7:00 PM-9:00 PM for 14 days.

The log for the same prescription and dates shows the medication was not given on , was given 3 times on , 3 times on , given only 1 time on , only 1 time on On the log shows the last pill was given at 8pm. According to the pill count and MOR the last pill should have been given on between 7:00 PM-9: 00 AM. The MOR and the log do not match.

On at approximately 2:15 PM an interview was conducted with the Licensed Practile Nurse (LPN) about the inconsistencies between the the MOR and the Log. She stated that the med-tech staff had told her that they made an error on the dates where it shows it was given 3 times instead of 2 times. She was asked to explain how 10 pills could be given over twice a day for14 days 2. She stated she did not know.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record reviews and interviews the facility failed to ensure residents prescription was filled in a timely

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manner for 1 of 4 residents reviewed (resident #6).

Findings:

On a record review was conducted on resident #6 medication observation record (MOR). the MOR showed resident #6 did not receive her 20 mg capsule on 9/5, 9/6, 9/9, because it had to be ordered from the pharmacey and was awaiting delivery.

On at approximately 5:00 PM an interview was conducted with the resident care director, a licensed practical nurse (LPN). She was asked why was resident #6 out of her so many days. The LPN stated because the family orders resident #6 medication through the mail and when it is not available they must order it from the pharmacey for her.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record reviews and interviews the facility failed to file an adverse incident report for 1 of 7 residents (resident#6) who suffered a during a while in the facility.

Findings:

On according to a facility incident report resident #6 was found on the floor in her with her head She was sent out to a hospital. The resident returned same day with stitches and nose.

On at approximately 10:10 AM an interview was conducted with the Administrator in reference to resident #6 falling and sustaining a nose. She stated she made contact with the corporate office and advised them that resident #6 in the facility and was sent out to the hospital. She told corporate office that the resident suffered a nose during the and she needed to file an adverse incident report with the Agency. She said she was told by the corporate office that the incident did not meet the criteria for an adverse incident report, so she did not file a one day adverse incident report with the Agency.

Class III