STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967024	**11/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Grande Belle	**5898 Orchard Pond Road Tallahassee, FL 32303**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
On an unannounced complaint survey CCR 2014009955 done in conjunction with LNS monitoring was conducted at LaGrande Belle Assisted Living Facility. Deficiencies were cited.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, staff interview and clinical record review the facility failed to provide care and supervision to 1 of 6 (#1) residents reviewed for incontinence assistance. The staff member did not provide incontinence care.

The findings are:

1. On at approximately 6:05 AM resident #1 was observed lying in bed on his back. He was asked if he was wet or dry. He stated, "Right now I am a little wet". The resident was asked if this surveyor could check and he agreed. His pull-up (adult brief) was heavy, soaked. The corner of the sheet and the comforter were observed to be wet.

The caregiver A was asked how often she checks the resident and she stated she does not but that resident #1 is able to yell for help when he is wet. When asked if there was a policy to check the residents every two hours she stated, "No".

At approximately 6:45 am the caregiver A had not attended to the resident who she knew was wet and needing changed and toileted. She is sitting in the day the couch.

At approximately 7:05 AM the caregiver A was observed entering the assist the resident #1 to get up.

A second caregiver B arrived at about 7:10 and she went to assist the night shift caregiver to get the resident #1 up and dressed.

At 7:19 Am the caregiver A was asked why she waited till after 7:00 to assist resident #1. She stated she is not supposed to try to lift him herself. She stated he did stand up on his own this morning but there are times when he can't. She stated she does not change him in the bed.

2. A review of the clinical record for resident #1 revealed an 1823 (resident health assessment form) dated / that indicated the resident requires supervision with ambulation, bathing, dressing, eating, , toileting and transferring.

3. A review of the facility policy and procedure for monitoring ALF Residents (undated) revealed:

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Monitoring of residents is to insure (ensure) safety and need to address any matter than (that) can impact the safety and well-being of the resident and care that they needs (need).

Staff will supervise residents medication and attendance with ADL's (activities of daily living) bathing, dressing, , ambulation, toileting and eating

A staff member will make rounds every 2 hours and on any resident they deem necessary more frequently.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, staff interview and clinical record review the facility failed to provide meals that meet the nutrtional needs of residents for 6 of 6 residents (1,3,4,5,6), and therapeutic diets as order by the physician for 1 of 6 (#5) observed during the meal service.

The findings are:

On . A menu was observed posted in the kitchen. The menu was last reviewed by an RD (Registered Dietician) on . The menus included portion sizes. The menu does not include alternates. The menu does have instructions for diets, no added salt diets and low fat/ diets.

A snack cycle is posted with instructions for diets.

A food substitution list was posted on the bulletin board, no menu substitutions since are documented.

The facility has an alternate menu that can be substituted for breakfast lunch and dinner.

The breakfast menu for / / indicated assorted Juices (4 oz), Dry cereal (3/4 cup) or Hot cereal (1/2 cup), Bread (1 slice), margarine (1 t), Milk (8 oz).

Caregiver B on / / was observed at 7:33 AM preparing breakfast. She poured 6 bowls of dry cereal and added whole milk and 2 bowls had 2 percent milk but then she added whole milk to fill them. She did not measure portion sizes. Then she sprinkled sugar on each bowl of cereal. She did not ask the residents what they wanted she stated all she had to offer them to drink was tea and water no juice was available. She stated every now and then they have juice. She did not provide the bread and margarine that was listed on the menu.

An interview was conducted with the caregiver B on / at approximately 7:45 AM. She stated that she was not sure if the tea was sweetened. She stated she used regular sugar.

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She stated she was not aware of any of the residents being on a diet. When asked how she knew what type of diet to serve the residents she stated "I really don't know".

She stated she had used the last of the milk. One milk container was observed to have a residents name on the container. When asked if the resident had purchased that milk she stated yes. She confirmed that she had used the milk for other residents.

When asked how she measured the portion sizes she stated " I just guess at it "

2. A review of the clinical record for resident #5 revealed an 1823 (a health assessment form) dated . This assessment indicated the resident should received a no added salt, 2000 calorie diet. Diagnosis includes , ( ), and .

At approximately 7:40 AM on resident #5 was served cereal with whole milk and sugar by caregiver B. The resident #5 who was on the diet was supposed to have skim milk, and sugar substitutes according to the menu posted.

At approximately 7:45 AM on / resident #5 asked for more cereal. The caregiver B stated she would check to see if there was any more milk. She told him there was no more milk for cereal. She offered to make grits but he did not want grits.

The alternate menu stated they can have lean breakfast sausage, corn beef or roast beef hash. Caregiver B stated they do not have these items to prepare.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, clinical record review and staff interview the facility failed to provide therapeutic diets as ordered by the physician for 1 of 6 (#5) residents reviewed for therapeutic diets, failed to provide diets in accordance with the menus to 6 of 6 residents observed during the meal service (1,3,4,5,6,7) by not providing juices, bread and butter listed on the menu with no substitutions offered and failed to maintain a 3 day emergency supply of food, the emergency supply did not have enough non-perishable meats for 3 days.

The findings are:

On A menu was observed posted in the kitchen. The menu was last reviewed by an RD (Registered Dietician) on . The menus included portion sizes. The menu does not include alternates. The menu does have instructions for diets, no added salt diets and low fat/ diets.
A snack cycle is posted with instructions for diets.

A food substitution list was posted on the bulletin board, no menu substitutions since are

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An interview was conducted with the caregiver B on / at approximately 7:45 AM. She stated that she was not sure if the tea was sweetened. She stated she used regular sugar.

She stated she was not aware of any of the residents being on a diet. When asked how she knew what type of diet to serve the residents she stated "I really don't know".

She stated she had used the last of the milk. One milk container was observed to have a residents name on the container. When asked if the resident had purchased that milk she stated yes. She confirmed that she had used the milk for other residents.

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At approximately 7:45 AM on / resident #5 asked for more cereal. The caregiver B stated she would check to see if there was any more milk. She told him there was no more milk for cereal. She offered to make grits but he did not want grits.

The alternate menu stated they can have lean breakfast sausage, corn beef or roast beef hash the caregiver B stated they do not have these items to prepare.

An observation of the facility emergency food supply revealed fruits, vegetables and water were in adequate supply but the canned meats were not adequate for 3 days. They had in their supply 3 small

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cans of spam and 10 small cans of tuna. No other protein was available.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Grande Belle
5898 Orchard Pond Road
Tallahassee, FL 32303

RE: CCR #2014009955 & Monitoring

Dear Administrator:

This letter reports the findings of a state licensure 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
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