STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11967955	12/04/2014
NAME OF PROVIDER OR SUPPLIER **Grace Manor Assisted Living And Memory Care**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321 Herbert St Port Orange, FL 32129**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0056 - 58a-5.0185(7) Fac -Medication Labeling and Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards- Staff S-S= D
St - A - 0085 - 58a-5.0191(6)- Training- Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial relicensure survey was conducted on , 2014.
Grace Manor Assisted Living and Memory Care had Licensure deficiencies found at the time of the visit

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and staff interview, the facility failed to have medications labeled appropriately for 1 of 13 sampled residents (Resident #3).

The findings include:

On at 11:30 a.m., an observation of the centrally stored medications was completed. Resident #3 had two Lantus pens centrally stored. One was in the medication refrigerator and the other one was in the medication cart. Both of these pens were not labeled with the resident's name or directions for use.

Employee E, the Medication Technician on at 11:30 a.m., confirmed neither Lantus pen was labeled correctly. She stated she knew it belonged to Resident #3 because that was the only resident receiving She stated that the label came in a box with multiple pens. Someone must have thrown out the box with the label on it. The Health Wellness Director was also present and stated she would call the pharmacy to obtain labels for each pen.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee review and staff interview, the facility failed to ensure that staff have evidence of freedom of communicable statement for 1 of 3 sampled employees (Employee A).

The findings include:

Review of the employee record for Employee A revealed a hire date of as a caregiver. A

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Free of Communicable Statement was not seen in the employee's record. The facility produced a physical exam from a chiropractor with documentation that the employee was cleared for all activities without restrictions. This document also was not dated.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and staff interview, the facility failed to ensure that the Food Service Designee, Emlployee C, received annually the 2 hours of continuing education in topics pertaining to nutrition and food service.

The findings include:

The Facility identified Employee C, the Dining Service Manager, as the Food Service Designee. Review of the personnel file for Employee C revealed a ServSafe Certification, which was completed on There was no annual continuing education seen in the record. On at 11:10 a.m., Employee D stated that the ServSafe Certification expired on so she thought that this counted toward the annual training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grace Manor Assisted Living And Memory Care
1321 Herbert Street
Port Orange, FL 32129

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014, by representatives 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 surveyors. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

Enclosure

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