STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	12/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Melbourne	964 S Harbour City Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Initial Comments
A monitoring visit for Limited Nursing Services (LNS) conducted on [redacted] Grand Villa of Melbourne had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview, the facility failed to ensure 1 of 4 personnel records (D), contained a completed statement from a health care provider, based on an examination that the person did not have any signs or symptoms of a communicable [redacted] including [redacted] and failed to ensure 2 of 4 sampled staff (A and C) provided a healthcare statement to indicate freedom from [redacted]

Findings:

Personnel record review at approximately 11 AM revealed staff D was a nurse and was hired on [redacted] Continued review revealed a healthcare provider statement that confirmed freedom from communicable [redacted] including [redacted] however the statement was not dated.

Personnel record review for staff A revealed a [redacted] test result dated [redacted] that was administered and read by a licensed practical nurse.

Personnel record review for staff C revealed a [redacted] test result dated [redacted] that was administered and read by a licensed practical nurse.

In an interview with the administrator on [redacted] at approximately 12:30 PM revealed she thought the paperwork was correct and was not aware that a nurse could not give a statement for the [redacted] test.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Villa Of Melbourne
964 S Harbour City Blvd
Melbourne, FL 32901

RE: Monitoring visit for Limited Nursing Services

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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com