STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Care Family Home, Corp	4221 West 5 Lane Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Medicaid Program Integrity and Health Quality Assurance monitoring survey was conducted on . Grace Care Family Home had the following deficiencies at time of survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain complete daily medication observation records (MORs) for 6 out of 6 residents (residents #1, 2, 3, 4, 5 and 6).

The findings are:

Review of residents #1, 2, 3, 4, 5 and 6's medication observation records (MORs) indicated that none of the residents were documented to have received medications in the evening on and in the morning on , as per the attached photograph.

In an interview with the facility's vice-president on at 11:30am, he stated that all the facility residents received their prescribed medications on and on , but the employee responsible to document this on their MOR did not document this timely.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and clean environment by not ensuring that the resident 's toilet had a seat ring or cover in place.

The findings are:

In an observation on at 10:55am, inside the resident was a toilet which did not have a seat ring or seat cover in place, as per the attached photograph.

In an interview with resident #7 on at 11:15am, he stated that he was aware of the toilet in his did not have a seat ring or cover. He stated that it made it difficult to be able to sit down on the toilet without a seat ring because the toilet opening was too large.

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In an interview with the facility vice-president on at 11:30am, he stated that he was aware that the toilet inside the resident's not have a seat ring or seat cover and that it had been like that only for a week or so.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain a personnel record for the staff member C and it failed to have a complete personnel record for staff member A, which did not have documentation verifying that she was free from signs and symptoms of communicable .

The findings are:

Review of the facility employee records, did not include the records for staff member C, who was working in the facility on during this inspection.

In an interview with staff member C on at 10:50am, she stated that the facility did not keep her employee record because she did not regularly work in the facility and she covered working the schedule of another employee who sick on .

Review of staff member A's record indicated that she did not have documentation verifying that she was free from communicable or any physician statement indicating of her communicable status.

In an interview with the facility's vice-president on at 11:40am, he stated that he did not have staff member A's documentation relating to her communicable status.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview, the facility was operating without a license for providing assisted living services to a total of 9 residents while being duly licensed for 6 residents.

The findings are:

Review of the facility resident list indicated that residents #1, 2, 3, 4 , 5 and 6 were permanent residents in the facility and residents #7, 8 and 9 were receiving adult day care services in the facility.

In an observation on at 11:20am in the kitchen, there were medications for residents #7, 8 and 9 that were centrally stored and locked inside a cupboard, as per attached photographs.

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In an interview with resident #7 on at 11:45am, he stated that he had been living in the facility for about 2 months and that the facility staff helped him with his medications every day. He stated that there were currently 9 residents living in the facility. In an observation at this time, the resident displayed the bed he slept in inside his personal clothing he kept inside the closet.

In an interview with resident #9 on at 11:50am, she stated that she had been living in the facility for over a year and that the facility staff helped her with her medications every day. In an observation at this time, the resident displayed the bed she slept in inside her .....

In an interview with resident #8's daughter on at 12:00pm, she stated that her mother had been living in the facility for about 2 months and that the facility staff helped her mother with her medications every day.

In an interview with the facility vice-president on at 12:20pm, he stated that residents #7, 8 and 9 all lived inside the facility, had their own beds and received assisted living services including medication assistance.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grace Care Family Home, Corp
4221 West 5 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring survey that was conducted on , 2015 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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