STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967504	04/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRAND MARY'S HOUSE	4828 EVANSTON ROAD JACKSONVILLE, FL 32208	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A relicensure survey was conducted on .
Grand Mary's House had Licensure deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to obtain a completed Resident Health Assessment (Agency for Health Care Administration form 1823) for 1 (Resident #4) out of 2 residents sampled for completed Resident Health Assessments.
The findings include:
Record review of Resident #4's health assessment dated revealed the type of assistance required with medications was left blank.
On at 10:58 am an interview with the administrator revealed that Resident #4 needed assistance with self-administration of medication. She said she will have to get the doctor to correct the health assessment and sign that area.
Class III

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on record review and interview, the facility failed to ensure that resident's who were assessed by their physician as requiring no assistance with medications on their resident health assessment, were allowed to self administer medications for 1 of 2 sampled residents (Resident #5).

The findings include:

Record review of resident #5's health assessment dated revealed she does not require assistance with self- administration of medication.

In an interview on at 11:20 am with the Administrator, she stated that for Resident #5, the staff punch out all of the medications for her and she takes them. She said she needs assistance with self- administration of medication and her medications are kept in the medication cart, centrally stored. The administrator stated that the health assessment was wrong and she will have the doctor correct it.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, and staff interview, the facility failed to ensure unlicensed staff read or explained medications given to 1 of 1 resident. (Resident #3)

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 1

The findings include:
On at 11:59 am an observation of Employee A, Medication Technician, revealed she gave and to Resident #3. She handed him his medication. He sat it on the table beside his plate, as he was eating lunch. Employee A did not tell Resident #3 what the medication was, nor did she explain what the medication was for.

On at 12:15 pm an interview with Employee A stated she never explains to the residents what medications she is giving them.

On at 12:20 pm an interview with the administrator stated, she is supposed to tell the resident what the medication is.

Class III

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

Based on record review and staff interview, the facility failed to record each time medication was administered for 1 of 3 records reviewed. (Resident #3)

The findings include:

Review of Resident #3's Medication Observation Record (MOR) dated 2015 revealed there were blanks on the MOR for 3 medications, and The times to administer were 7 AM, 12 noon and 6 PM. The medication was not signed at 7 AM on 4/2, 4/4, 4/5, The was not signed as given on at 7 AM on 4/2 through The twice daily was not signed as given at 6 PM all month, through it was only signed as given at 9:00 am.

On at 2:15 pm an interview with the administrator said, it was given, the staff just didn't sign it. She said they should have signed it out when they gave it.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to return or dispose of medication for 2 discharged residents.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0055 Continued From page 2

The findings include:

An observation of medication storage revealed that medications were stored in a locked closet, where all the resident medication was located. There were medications that were outdated and belonged to discharged residents, in a plastic storage bin inside the cabinet. A bottle of 50 milligrams had expired on with the name of a discharged resident. There was a bottle of eye drops for another resident, who is not a current resident. There were also 4 loose unidentified pills in the bottom of the storage bin. Additionally an unlabeled bottle of was in the medication closet.

An interview with the administrator revealed, " That resident expired in 2012, the was hers " . There was also medication for another resident, and the administrator stated she left this facility in 2014. She went to the hospital and was not able to return. She said " we don ' t use those medications; I just didn ' t get rid of them " .

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and staff interview, the facility failed to ensure that centrally stored medications were properly labeled.

The findings include:

An observation of an unlabeled bottle of was in the medication closet in a plastic storage bin on There was no package or box accompanying the

On at 12:50 pm the administrator said, those are all expired medication, we don't use those. She said she did not know who the belonged to; it could have been a resident who is no longer here.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on employee record review and staff interview, the facility failed to ensure that 1 out of 2 sampled employees (Employee A) received verification of freedom from communicable

The findings include:

Record review of Employee A revealed there was not a statement from a health care provider indicating she was

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0078 Continued From page 3

free of communicable

On at 2:15 pm an interview with the administrator confirmed there was no statement from a health care provider stating Employee A was free from communicable She said, " I will have to send her to get one". The administrator stated Employee A was hired around 2013.

Class III

0082 - Training - - 58A-5.0191(3) FAC

Based on employee record review and staff interview , the facility failed to provide 2 out of 2 sampled employees (Employee A,B) training in within 30 days of hire.

The findings include:

Record review for Employee A revealed she was hired in 2013 . There is no evidence of training in in her employee file.

Record review for Employee A revealed she was hired in 2013 . There is no evidence of training in in her employee file.

On at 2:20 pm an interview with administrator stated they never had that training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on employee record review and staff interview, the facility failed to provide training in within 30 days of hire for 2 out of 2 sampled employees. (Employee A and B)

The findings include:

Record review of Employee A and Employee B employee file revealed there was no training for RO's within 30 days of hire. Employee A was hired 2013 and Employee B was hired 2013 .

An interview with the administrator on at 2:30 pm stated, when asked if Employee A or Employee B completed the training, she stated, "If you don't see it, it wasn't done".

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and staff interview, the facility failed to maintain a meal substitution log when substituting menu items.

The findings include:

The posted menu for Monday's lunch was chicken livers, gravy, rice, turnip greens and stewed tomatoes with a slice or bread or a roll, ½ cup canned fruit/a piece of fresh fruit and low fat milk.

On ..... at 12:05 pm an observation of residents eating lunch revealed lunch was beef mashed potatoes and gravy, and green beans.

At 12:10 pm on ..... Employee A confirmed the lunch meal was supposed to be chicken , rice, turnip greens and stewed tomatoes. She said we did not have chicken livers, so I made beef ..... She said she did not have any rice, turnip greens or stewed tomato. She stated she did not write down what she substituted today. She said she usually writes it down, but she doesn't know where the paper log is.

On ..... at 9:48 AM an interview with the Administrator revealed that the facility does not have a current substitution log.

Class III

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

Based on record review and staff interview, the facility failed to ensure a job application with references was completed for 1 of 2 employee record reviews. (Employee A)

The findings include:

Record review of Employee A revealed there was no job application or references in her employee file.

On at 2:32 pm an interview with the administrator was conducted. She stated she does not have an application for Employee A.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on employee file review and staff interview , the facility failed to ensure 2 out of 2 sampled employee's (Employee A and B) received the 6 hour required training in Limited Mental Health (LMH).

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

L243 Continued From page 5

The findings include:

Employee record review of Employee A and Employee B revealed there was no LMH training for either employee. Employee A was hired [redacted] 2013 and Employee B was hired [redacted] 2013 .

On [redacted] at 2:35 pm an interview with the administrator confirmed that Employee A and Employee B had not received the LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Mary's House
4828 Evanston Road
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 6, 2015 by representative 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. Should you have any questions please call this office at

Sincerely,

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

MB/JM/sm
Enclosure

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