| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910336 | 04/28/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GRAND VILLA OF ORMOND BEACH | 535 NORTH NOVA ROAD ORMOND BEACH, FL 32174 |

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

**0000 - Initial Comments**

An unannounced biennial licensure survey was conducted at Grand Villa Of Ormond Beach on , 2015. Grand Villa Of Ormond Beach had deficiencies found at the time of the visit.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS**

Based on observation, resident record review and staff interview the facility failed to have a current physician order for 1 of 1 residents (Resident #13) reviewed for side rails out of a sample of 16 residents.

The findings include:

A tour of the facility was conducted on and it revealed that resident #13 had 1/2 siderails on her hospital bed.

A record review was conducted on and it revealed there was no current order for 1/2 siderails for Resident #1.

An interview was conducted with the Resident Care Director on at 4:10 PM and she confirmed the order fo 1/2 siderails for Resident #13 was not current. She also confirmed that last order the facility received for 1/2 siderails was dated

Class III

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

Based on observation, interview, and record review, the facility failed to ensure that trained staff observed 1 of 4 sampled residents (Resident #2) needing assistance self-administration of medication take their medication. (Resident #2)

The findings include:

During an interview with Resident #2 on at 10:24 AM she stated she has three pills she takes herself. She stated she takes some medication on her own at 5:00 AM because it is early for the staff to come in. Observed sitting on the table next to the resident ' s chair was a small cup half full with pills and an inhaler. Resident #2 state the staff leave the medication so she does not have to take them all at once.

Record review of the most recent AHCA 1823 for Resident #2 found Resident #2 "Needs Assistance with Self Administration of Medications. Review of the 2015 physician order sheet for Resident #2 found three medications were listed as self-administered. The three Medications were 20 milligrams (mg) one tab at 5 AM, Levothyroxin 75 micrograms (mcg) one tablet at 5 AM and 20 mg one tablet in the AM. The

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

**0052** Continued From page 1

was 8 medications ordered to be given at 8:00 AM that were not self-administered along with the 8:00 AM inhaler treatment. Review of the Medication Observation Record found on all of the 8:00 AM medications were documented as given.

During an interview on at 1:50 PM with the Resident Care Director, she stated Resident #2 should have 3 pills that she self-administers. She stated the pills in her her were 8:00 AM medications. She stated the Med Tech knows they should not leave the medication or the inhaler in the resident's

Class III

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

Based on interview, observation, ad record review, the facility failed to store medications belonging to 1 of 16 sampled residents in a safe manner. (Resident #1)
The findings include:
During an observation in Resident #1's at 9:52 AM, a twenty three ounce container of and a 250 tablet bottle of 600 milligram (mg) tablets was observed sitting on the counter near the sink in Resident #1's Resident #1 stated she keeps the medication for when the facility runs out. She further stated that staff come into her give her medication every morning and again in the afternoon.

Record review of the most recent AHCA Form 1823 for Resident #1 was signed by a Medical Doctor based on a date of examination. Resident # need in taking medications was documented as "Needs Assistance with Self -Administration of Medications." Record review of the 2015 physician order sheet for Resident #1 found no evidence that she could self-administer any of her medications.
During an interview on at 1:43 PM with the Resident Care Director she stated Resident #1 should have an order that would say self-manage if she could keep medications in her She reviewed the resident's medical record and found no self-manage orders for the and confirmed she did have an order for 1 packet in ounces of water each day. The resident did not have any orders for The Resident Care Director stated Resident #1 goes out to the store and buys the over the counter medications on her own and should not have them in her She stated they will need to do a
During a visit back to Resident #1's at 3:30 PM with the Resident Care Director and Administrator the container of and tablets were observed sitting in the same place on the counter in the resident's In a clear plastic 3 drawer cabinet next to one of the beds in the Resident #1's room several boxes and bottles of over the counter medications could be seen in the top drawer. The Administrator and Resident Care Director removed the items which included a 100 tablet bottle of 250 mg relief tablets, a bottle of gas reducer, and another bottle of 600 mg tablets.

Class III

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

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|---|---|---|
| | AL11910336 | |

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| GRAND VILLA OF ORMOND BEACH | 535 NORTH NOVA ROAD ORMOND BEACH, FL 32174 |

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

**0082** Continued From page 2

Based on record review and staff interview, the facility failed to ensure 1 of 4 sampled employees, received training in (Employee C)

The findings include:

Record review of the personnel file for Employee C (hired could not locate documentation she received training in

During an interview on at 1:30 PM with the Administrator she was asked to provide evidence of the training. The findings were confirmed by the Administrator on at 4:17 PM. She stated she could not find evidence Employee C reviewed the training and she would be receiving the training this evening.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Villa Of Ormond Beach
535 North Nova Road
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 28, 2015 by a 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 **06/01/2015** 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
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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