STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRAFTON HOUSE, LLC	**168 MARINE STREET SAINT FL 32084**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2015003448 was conducted on at Grafton House in St. e Florida. Deficiencies were identified during the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, observation, and staff interview the facility failed to assess for appropriateness of continued residency for a resident (Resident #1) with and use of vacuum, for 1 of 3 sampled residents.

The findings include:

During the tour of the facility on Resident #1 was observed sitting in a wheelchair with a small pump like device attached to the side. An interview conducted with Employee B at 9:50 am, revealed the device was a vacuum.

An Interview was conducted with the nurse consultant (NC) on at 11:30 am. When asked if Resident # 1 had she stated she was being treated for sacral by home health. When asked what stage Resident #1's sacral was , she stated she did not know and had never observed the She stated there was a vacuum in place. A request was made for the home health notes for Resident #1. The NC stated the home health agency did not leave a folder with the skilled nursing notes or reports. The NC was asked to obtain the notes from the home health agency. Upon review of the home health notes, the NC confirmed that the sacral was

Record review for Resident #1 revealed a female. She was admitted on with diagnoses including: status post left hip and Review of the Health Assessment (1823) dated revealed she required assistance with all activities of daily living, skilled nursing for care and physical The 1823 indicated she did not have any 3 or 4 Resident #1's record revealed the resident was not receiving hospice services.

Resident #1's record revealed she was admitted to home health services on Review of the clinical summary by the home health nurse for the period revealed the patient was receiving skilled nursing services for a to sacrum (large triangular bone at the base of the spine) and to right ischium (lower and back part of the hip bone). The summary revealed Resident #1 continued to require skilled nursing for care. Further review of Resident #1's home health notes revealed the had deteriorated to to the sacrum in 2015 and a vacuum was ordered on

Review of the home health plan of care revealed she was recertified for treatment and again for treatment.

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An Interview was conducted with the administrator on at 3:10. When asked if she was aware that Res #1 had a on the sacral area with a vacuum, She stated she was aware of the vacuum however she thought the was improving that she could stay.

Class II

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

Based on observation, record review and staff interviews the facility failed to have an unlicensed staff assist with self-administration with medication within the scope of their training by administering breathing treatments for 1 (Resident # 3) out of 1 residents whose medications were reviewed.

The findings include:

A tour was conducted of the facility on During the tour a machine was observed at the bedside of Resident # 3.

An interview was conducted on at 9:32 AM during the tour with Employee A. She confirmed the machine was for Resident # 3. She also confirmed the staff help the resident with her breathing treatments. Employee A confirmed she was a med tech and not a nurse.

An interview was conducted with Resident # 3 at 11:45 AM. She verified the staff gives her breathing treatments as needed, when she gets short of breath.

An observation was conducted on at 11:50 AM of Employee A going into medication cart, retrieving a medication vial, opening the vial, squeezing the liquid from the vial into a dispenser, handing the resident the mouth piece, turning the machine on and leaving Resident #3's

An interview was conducted on with Employee A and she confirmed she gave Resident #3 her Dunoneb (as needed medication) breathing treatment.

A review of the Medication Observation Record (MOR) was conducted on for Resident # 3. It revealed Employee A had initialed the medication for an as needed dose at 8 am (see photographic evidence)

Class III

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

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

0054 Continued From page 2

Based on record review and staff interview the facility failed to maintain an accurate Medication Observation Records (MOR) for 3 residents (Resident #2 &#3 &4) out of 3 residents MOR's that were reviewed.

The findings include:

A staff interview was conducted on at 3:15 PM with Employee A. She confirmed she works from 7 am to 7 pm. She was asked if she was giving medications that were scheduled after she leaves at 7 pm. She confirmed she does not give medications after but would leave medication on the top drawer of the cart for the night shift to give and would initial the MOR. She stated "The night time staff won't sign the MOR". "I don't know why they won't sign it but I don't want to leave it blank". She confirmed the Administrator knew that the night staff does not sign the MOR and she knew she shouldn't sign the MOR for them but didn't want to leave the MOR blank.

A record review was conducted of the faciliy's MOR on . It revealed that Employees A & B were signing for assisting Resident's #2, #3, & #4 with medications when they were not in the facility and for medications they did not assist residents with.

A staff interview was conducted on at 3:20 PM with Employee B. She confirmed she signs the MOR for medications that she doesn't assist Resident #2, #3 & #4 with. She stated " The night shift won't sign the MOR so we do it". We can't leave holes in the MOR.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and staff interview the facility failed to maintain a log for menu substitutions for the the past 6 months.

The findings include:

A review of the facility's menu substitution log was conducted on and it revealed a calendar dated 2014. No log or entries were found for 2015.

An interview was conducted with Nurse Consultant on at 3:00 PM., she said the facility had copied the wrong year and they were using a calendar dated 2014 but it was really for 2015. A review of the calendar revealed

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entries were already entered for & The Nurse Consultant confirmed the entries were in the book and walked away when questioned about accuracy.

The facility failed to produce a substitution log for the past 6 months at the time of exit.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Mrs. Michelle Carmines
168 Marine St.
Augustine, FL 32084

Dear Mrs. Carmines,

This letter reports the findings of a licensure complaint survey (CCR#2015003448) conducted 29, 2015 by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000) Form, which indicates there were deficiencies noted during the inspection.

The inspection resulted in findings of non-compliance in the following areas:

1) St-A0010- Class II- Continued Residency

The facility failed to ensure Resident #1 met criteria for continued residency when the resident started receiving home health services for ulcer on her sacrum. This resulted in Resident #1 ulcer to deteriorate to ulcer and required the resident to receive wound vacuum.

Your are directed to complete the following tasks:

1) Implement a written, detailed plan of how the facility will have each resident currently residing at the facility assessed for continued residency, by their health care provider. The assessment will include obtaining a Resident Health Assessment (1823), dated for all residents currently residing in the facility. Any resident who is deemed inappropriate for continued residency according to Florida Administrative Code 58-A018. The facility will give required written notice and ensure safe transfer of the individual to a location in which their needs can be met, with coordination and input from the resident and their primary guardian/ Power of Attorney. Notice will be sent to the Agency for Health Care Administration, no later of residents who were deemed inappropriate for continued residency. The notification must include the resident's name, Power of Attorney or guardian's name and phone number where they can reached, and location of discharge.

2) Conduct an in-service training for all staff regarding the criteria for admission and continued residency as stated in Florida Administrative Code 58-A0181. The training must include the minimum criteria for admission and continued residency in an assisted living facility holding a standard license. The training must also This training must be completed The facility must have documentation of the completion of this training. This documentation must be kept on file at the facility, and be available for review by the Agency.

2727 Mahan Drive • Mail Stop #
Tallahassee, FL 32308
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921 North Davis Street, A-115
Jacksonville, Florida 32209
(904) 798-4201
Fax (904) 359-6054

3) Implement a written, detailed plan of how the Administrator will monitor the continued appropriateness of placement of all residents in the facility at all times, pursuant to Florida Administrative Code 58A-5.0181. This plan must include a second member of the staff or hired consultant, who holds a current license as a Registered Nurse, who will audit the continued appropriateness of all residents in the facility alongside the Administrator. This plan will be completed by ..... A form must be developed in which both the Administrator and the Registered Nurse sign that they are in agreement of the audit of continued residency of all individuals in the facility, on no less than a monthly basis. The results of these audits must be kept on file at the facility, and be available for review by the Agency.

All required documentation set forth above, should be directed to the attention of Mrs. Jana Meyering, Health Facility Evaluator Supervisor and sent to:

Agency for Health Care Administration
Health Quality Assurance, Jacksonville Field Office
Attention: Jana Meyering
921 N. Davis Street, Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201
Fax: (904) 359 - 6054

Nothing in this Directed Plan of Correction limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call ..... Laura Manville, Survey and Certification Support Branch, at 727-552-1955 or Jana Meyering, Jacksonville Field Office, at 904-798-4201.

Sincerely,

Jana Meyering

Jana L. Meyering, Q.H.D.P.
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/RED/sm