STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	05/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRAND VILLA OF ALTAMONTE SPRINGS	433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

The complaint investigation CCR #2015001238 was conducted on . . . . Grand Villa of Altamonte Springs had deficiencies found at the time of the visit.

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

Based on Observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations on . . . at 10:10 AM Staff G removed two bubble packs of medication from the locked medication cart. She removed a pill from each package and placed them in a small white cup and placed the bubble pack back into the Medication storage. She took the small cup to the resident who was sitting at the dining table and stated "here". She placed the small cup on the table in front of the resident along with a cup of water. She watched the resident take the medication, returned to the Medication storage and signed the Medication Observation Record (MOR). During an interview with Staff G at the time she stated she was not a nurse.

Staff G did not follow the appropriate procedures at all times and did not take Medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container, and close the container and return the medication container to proper storage.

In an interview with the administrator on . . . . at approximately 4:45 PM who stated she was not employed at the facility when the staff was hired and was not aware of the situation.

Class III

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

Based on record review and interview the facility failed to ensure 1 of 25 sampled staff (Y) had documentation of freedom from communicable , within 6 months of hire.

Findings:

Review of personnel files revealed staff Y, date of hire on had a freedom from communicable . . . . statement dated , more than 6 months before her date of hire. There was no documentation to review that indicated staff Y had a current freedom from communicable . . . statement.

In an interview with the administrator on at approximately 4:45 PM who stated she was not employed at the

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

0078 Continued From page 1

facility when the staff was hired and was not aware the staff did not have her freedom from communicable statement.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure staff had the required Assisted Living Facility training within 30 days of hire for 1 of 25 sampled staff (Y).

Findings:

Review of personnel files revealed staff Y, date of hire on did not have documentation to review that indicated she had training within 30 days of hire in Elopement, Emergency Preparedness and Evacuation, Incident reporting, Resident Rights, Neglect and and Safe Food Handling.

In an interview with the administrator on at approximately 4:45 PM who stated she was not employed at the facility when the staff was hired and was not aware the staff did not have the training.

Class III

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

Based on record review and interview the facility failed to ensure all staff complete an education course on within 30 days of hire for 1 of 25 sampled staff (Y).

Findings:

Review of personnel files revealed staff Y, date of hire on did not have documentation to review that indicated she had training within 30 days of hire in

In an interview with the administrator on at approximately 4:45 PM who stated she was not employed at the facility when the staff was hired and was not aware the staff did not have the training.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview the facility maintained a secure area and provided special care for

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GRAND VILLA OF ALTAMONTE SPRINGS	**433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701**	

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

0086 Continued From page 2

persons with and related (ADRD) and failed to ensure that 14 of 14 sampled staff (C,D, E, N,O,P, Q, T, U, V, W, X) who provided direct care to persons with and Related (ADRD) obtained 4 hours of initial training within 3 months of employment, the additional 4 hours of training, entitled and Related Level II Training," within 9 months of employment that was provided by an approved ADRD Trainer and did not obtain 4 hours of continuing education annually.

Findings:

The administrator was asked to provide the Training for the employees that worked in the secured memory care unit.

A review of 14 of the 18 staff that worked in the unit was conducted. It was determined that none of the staff had all of the required training as follows:
Staff C hired , Staff O hired , Staff Q hired , Staff T hired had an update on
Staff U hired had an update on there was no documentation to confirm that they had obtained the ADRD 4 hours of initial training within 3 months of employment and the additional 4 hours of training, entitled ADRD Level II Training, within 9 months of employment.

Staff D hired , the last annual training was obtained on (due Staff S was hired the last ADRD training was obtained on (due Staff V was hired last ADRD training was obtained on (due There was no documentation to confirm they had obtained 4 hours of continuing education training annually.

Staff E hired had no documentation to confirm that she had obtained the ADRD 4 hours of initial training within 3 months of employment.

Staff N hired had a Level I and II training that was dated The provider listed on the certificate was not an approved ADRD trainer.

Staff P hired , Staff R hired , Staff W hired and Staff X hired had no documentation to confirm they had obtained ADRD Level II Training, within 9 months of employment.

During an interview with the administrator on at 4 PM, she confirmed that the above staff needed their training. She stated she had contacted a trainer and all of the above staff were scheduled for training.

Class III

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

Based on record review and interview the facility failed to ensure staff had the required training in Do Not

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

0090 Continued From page 3

Orders within 30 days of hire for 1 of 26 sampled staff (Y).

Findings:

Review of personnel files revealed Staff Y, date of hire on , did not have documentation to review that indicated she had training within 30 days of hire in .

In an interview with the administrator on at approximately 4:45 PM who stated she was not employed at the facility when the staff was hired and was not aware the staff did not have the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Grand Villa Of Altamonte Springs
433 Orange Drive
Altamonte Springs, FL 32701

RE: CCR #2015001238 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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