AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 06/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967028	05/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRANNY'S ADULT HOME	1031 NW 39TH COURT CORAL GABLES, FL 33134	

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

0000 - Initial Comments

An unannounced monitoring visit was conducted from to at Granny's Adult Home asissted living facility (ALF). This facility was not in compliance.

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review and interview, the facility transferred 2 out of 7 sampled residents (residents #1 and #2) to an unlicensed facility location, provided unlicensed assisted living services to residents #1 and 2 and admitted resident #5 to the facility which increased its licensed capacity of 6 residents.
The findings are:
In an interview with the administrator on at 11:35am, she stated that she relied on the caregiver to provide assisted living services to residents #1 and 2 in the undefined facility located at 458 East 20 Street in Hialeah, which was a different location than the licensed assisted living facility (ALF). She stated that residents #1 and 2 were residents in the licensed ALF because she did not discharge them and the residents still received assisted living services while in the undefined facility.
In an observation on at 11:35am, in the undefined facility, there was a cabinet that contained residents #1 and 2's medications.
In an observation on at 11:40am at the undefined facility located at 458 East 20 Street, Hialeah, FL, residents #1 and 2 were living there and received assisted living services including medication assistance by the caregiver.
In an interview with resident #2 on at 11:45am, she stated that she had been living in the undefined facility for about 3 days since she was transferred from Granny's Adult Home ALF by the administrator. She stated that she received daily meal services and all the personal care services in the undefined facility as she did in the licensed facility, including physical assistance with transfers and bathing, and assistance with her medications.
Review of the Granny's Adult Home ALF admission/discharge log indicated that resident #2 was admitted into the ALF on and no discharge date was recorded. Review of the resident 's community living support plan dated on , indicated that the resident was appropriate to live in the licensed ALF.
In an interview with resident #1 on at 11:50am, he stated that he had been living in the undefined facility for about 3 days since he was transferred from Granny's Adult Home ALF by the administrator. He stated that he received meal services and all the personal care services in the undefined facility as he did in the licensed facility, including assistance with his medications.
Review of the Granny's Adult Home ALF admission/discharge log indicated that resident #1 was admitted into the licensed facility on and no discharge date was recorded. Review of the resident's health assessment dated on indicated that he was diagnosed with and . Further review of this assessment indicated that the resident was appropriate to live in the licensed facility, needed precautions and assistance with self-administration of medications.
In an interview with the administrator on at 12:55pm, she stated that she transferred residents #1 and 2 from Granny's Adult Home ALF to the undefined facility about 3 days ago. She stated that there were currently 5 residents living at Granny's Adult Home ALF, including resident #5 who was admitted on , plus residents #1 and 2, who were living temporarily in the undefined facility for a total of 7 residents in the licensed facility.

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Z827 Continued From page 1

In an interview with the assistant administrator on at 1:00pm, she stated that resident #5 was supposed to be a day care participant but became a resident since his wife had to travel out of the country for approximately 21 days. She stated that the licensed facility received $600 cash to allow this resident to live in the ALF and to receive needed personal care services, including assistance with his activities of daily living and assistance with his medications. She stated that the admission of resident #5 on brought the licensed ALF's resident census over capacity since residents #1 and 2 lived in the unlicensed facility and received assisted living services there.
In an observation on - at 1:10pm at Granny's Adult Home ALF, there were 5 residents living there that received assisted living services.
Review of the Department of Children and Families manager's email dated on - indicated that resident #2 received ( ) income during their residency in the undefined facility and while not being discharged from the licensed facility.
In an interview with resident #2's case manager on at 10:00am, he stated that he was responsible to coordinate the resident ' s mental health care needs and that he believed that the resident currently lived at Granny s Adult Care ALF and that the ALF staff did not notify him of the resident being transferred to any other location. He stated that he felt that resident #2 needed to live in an assisted living facility due to her physical and medication assistance needs.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Granny's Adult Home
1031 Nw 39th Court
Coral Gables, FL 33134

Dear Administrator:

This letter reports the findings of an Unlicensed Activity survey that was conducted on , 2015 through , 2015, by representatives 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. When you received a Notice of Unlicensed Activity, it was expected that immediate action was taken to address that issue. Staff from this office will conduct a review to verify 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 surveyors. Should you have any questions, please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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