STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	**06/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACIOUS AGE	**1401 MAGNOLIA AVENUE SANFORD, FL 32771**	

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

0000 - Initial Comments

The complaint investigation CCR #2015002058 was conducted on Gracious Age 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 record review and interview the facility failed to provide resident the right to independent personal decisions for Home Health Care Agencies for 7 of 11 sampled residents (#1, 2, 3, 6, 7, 8, and 11)
Findings:
1. In an interview with resident #1 on at approximately 9:30 am, she stated she wanted another home health agency but was assigned by the administrator to a different agency. She stated she told the administrator what she wanted and he told her that was the only agency that would accept her insurance.
2. In an interview with resident #2 on at approximately 9:37 am, he stated I should speak with his wife, who was coming into his the time. The resident's wife stated she does not remember getting a choice but she has a book at her house and found the home health agency recommended by the administrator in that book so she was ok with it.
3. In an interview with resident #3 on at approximately 9:43 am, she stated she had no choice in the Home Health Agencies and took the one the administrator gave her. She stated she likes her and does not want to change Agencies.
4. In an interview with resident #6 she stated she came from the hospital with ordered and felt that they ordered Senior Home Health. She stated her insurance covers the cost. She stated no one asked her or told her there was a choice.
5. In an interview with resident #7 on at approximately 10:15 am, she stated she had no choice in Home Health Agencies that she was just assigned one.
6. In an interview with resident #8 on at approximately 10:23 am, who stated she was assigned an agency by the administrator. She stated that was her only choice.
7. In an interview with resident #11 on at approximately 10:28 am, she stated she did not give it a thought. She stated the administrator told her what Home Health Agency to go with so that is what she did.
In an interview with the administrator on at approximately 12:30 pm, he stated he has no list for the residents to choose from for Home Health. He stated he did ask the residents which Home Health Agency they wanted but never documented any conversation regarding home health. The Administrator stated the agency they currently use has been their go to agency since they were initially licensed. He stated there are no kickbacks for sending residents to that agency. He stated all of the residents know the nurses and from the agency they currently use and most residents do not like change so he feels comfortable with that Agency. He stated he will now offer residents a choice and have them sign the page and circle their choice and put that in the residents file.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gracious Age
1401 Magnolia Avenue
Sanford, FL 32771

RE: CCR #2015002058

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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. **Please forward documentation of correction to the Field Office.** 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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