AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967955	**06/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACE MANOR ASSISTED LIVING AND MEMORY CARE	**1321 HERBERT ST PORT ORANGE, FL 32129**	

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

0000 - Initial Comments

An unannounced change of ownership survey was conducted at Grace Manor Assisted Living and Memory Care on , 2015. Deficiencies were identified.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on a review of resident records, and interview with staff, the facility failed to obtain complete information on the Resident Health Assessment (AHCA form 1823) for 1 of 2 sampled residents (Resident #3) whose record was reviewed.

The findings include:

A record review for Resident #3 found a Resident Health Assessment dated and signed by the examining physician. Resident #3 was noted to have diagnoses including . The physician failed to indicate whether the resident required assistance with the self-administration of his medications, or what level of assistance he required.

An interview was conducted with the Administrator at 2:28 pm on . She reviewed the record for Resident #3 and confirmed the omission.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based employee record review and staff interview the facility failed to maintain personnel records with a copy of the Level II screening for 1 of 4 sampled employees (Employee B)

The findings include:

Record review of the employee file for Employee B (hired found no evidence of the Level II background screening.

The findings were confirmed by the Administrator on at 12:48 PM. She provided

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a Level II screening with a printed date of . She stated she had to click reprint privacy policy to get the background screening to print. Review of the Level II screening found a determination made status date of , an eligible determination date of , and a retain prints expiration date of .

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on employee record review and staff interview, the facility failed to ensure 2 of 4 sampled employees (Employee C and D) that had a break of employment of 90 days or more received a new Level II screening and were found eligible prior to working at the facility.

The findings include:

Record review of the employee file for Employee C found she was hired as a caregiver on . A level II screening was found in Employee C's file with a eligibility determination date. Record review of Employee C's application dated found she was last employed as a certified nursing assistant in of 2012 and had no other employment until she was hired at the facility.

Record review of the employee file for Employee D found she was hired as a caregiver on . A level II screening was found in Employee D's file with a eligibility determination date. Record review of Employee D's application dated found she was last employee as a certified nursing assistant in in of 2013 and had no other employment until she was hired at the facility.

The findings were confirmed by the Administrator on at 2:23 PM. She stated she was not aware of the need to a new Level II screening if an employee has a 90 day break in employment.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Grace Manor Assisted Living And Memory Care
1321 Herbert Street
Port Orange, FL 32129

Dear Administrator:

This letter reports the findings of a state licensure Change of Ownership survey that was conducted on 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **07/25/2015** 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, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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