STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	06/22/2015
NAME OF PROVIDER OR SUPPLIER **EXCELLENT GRANDPARENTS PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13342 SW 6 STREET** **MIAMI, FL 33184**	

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

On at 12:30 PM Staff B stated that she had forgotten to mark the MOR because she got nervous when she saw me coming to the facility.

Class III

0165 Risk Mamt & QA: Adverse Incident Report

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report and 15 day full incident report to the agency for 1 out of 7(# 7) sampled residents.

Findings included:

Record review of residents #7, the facility did not assess residents at risk for elopement. The facility did not have a separate plan of action that will be individually tailored to the resident's needs to avoid future reoccurrences of an incident.

On at 10:30 AM record review found resident #7 was admitted on . Health assessment, dated , Medical history Lymphoma, O/A, , Physical or sensory limitation: Unsteady, or behavioral status: decline. Nursing/treatment/ service requirements: Universal. Special Precautions: precautions. ADL ' s all of them where marked Total-this was incorrect because she was independent resident.

On / Record review of the elopement policies contained the procedure in place to follow. Furthermore review facility adverse incident record showed not incident was reported to any government agency.

On at 12:45 during an interview with the owner, he agreed that they did not follow the procedures for the adverse incident.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 Initial Comments

A Complaint Investigation Survey CCR#2015004490 was conducted on . Excellent Grandparents Place, Inc. with Limited Mental Health component had the following deficiencies found at the time of the survey.

0008 Admissions - Health Assessment

Based on observation, interview and record review it was determined the Assisted Living Facility failed to ensure a comprehensive Health Assessment was properly completed for 1 of 6 sampled residents (#1) within 60 days prior to or 30 days after admission to the facility.

Findings included:

On / at 10:30 AM record review for resident #1 showed that he was admitted on . Health assessment of Resident was checked, dated , Medical history Lymphoma, O/A, , Physical or sensory limitation: Unsteady, or behavioral status: decline. Nursing/treatment/ service requirements: Universal. Special Precautions: precautions. ADL ' s all of them where marked Total-this was incorrect because she was independent resident.

On at 12:45 during an interview with the owner, he agreed that the health assessment of resident #1 was incorrect and that he was going to make sure to have it fixed

Class III

0054 Medication - Records

Based on observation, record review, and interview the facility failed to maintain the medication observation record (MOR) for 6 out of 6 sampled residents.

Findings included:

On at 10:15 AM observed bingo cards for Residents #1 thru #6, medications (pills) for the date for the morning were not on the cards. Orders stated; at 8:00 AM

On at 10:30 AM record review showed medications for the 6 residents were not marked in the Medication Observation Record(MOR).

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Excellent Grandparents Place, Inc
13342 Sw 6 Street
Miami, FL 33184

RE: CCR #2015004490

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Kristal Branton, Health Faciliyt Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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