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

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

0000 Initial Comments

A Monitoring Survey Revisit was conducted on 07/06/15. Granny's Adult Home ALF, Inc with Limited Mental Health component had the following deficiencies at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, the facility failed to treat one of seven residents with dignity and respect. The facility allowed unsupervised visitors and staff to use the resident ' s storage.
Findings:
On at 12:12 p.m., observed a woman in resident #, where Resident #3 lives. The woman was unsupervised by staff, and checked around the , then opened a dresser drawer before leaving the .
On at 12:12 p.m., Employee #A stated that the woman was a relative who was visiting Employee #B. Employee #A stated that the relative does not have a background screening because she is only visiting a staff person.
On / at 12:18 p.m. observed staff uniforms and a large supply of linen in Resident #3 ' s .
Two mattresses; one standing upright in the closet and one standing upright near the window, were also observed in Resident #3 ' s .
On / at 12:18 p.m., Employee #A stated that the uniforms and other items in Resident #3 ' s staff clothing. She stated that the facility linen was also kept in this . She said that the mattresses were for the staff; they take them out at night and sleep in the living .
On at 1:10 p.m., Employee # B was observed bringing Resident #7 ' s medications out from where they were being stored, in Resident #3 ' s , hidden under some clothes, in an unlocked shoebox.
Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to keep centrally stored medication locked at all times.
Findings:
On at 12:15 p.m., Resident #7 stated that he has been living in the facility for 5 months. He stated staff helps him by keeping his medication locked up and giving it to him every day.
On / at 1:07 pm, the Administrator stated that stated that the facility doesn ' t have medications or a medication observation record for Resident #7.
On at 1:10 p.m., observed Employee # B bring Resident #7 ' s medications out from where they were being stored: in Resident #3 ' s , hidden under some clothes, in an unlocked shoebox.

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Class III

0151 Physical Plant - Existing Facilities

Based on observation and interview, the facility failed to maintain an environment free of hazards for seven of seven residents (Residents #1-7). Trash, furniture and rusty paint cans were left in the back yard where residents spend leisure time.
Findings:
On / at 12:25 p.m., 10 metal bed springs were observed laying in the back yard, as well as bed frames, rusted paint cans, large sticks and other debris. There were also 3 dilapidated couches.
On at 12:30 p.m., Employee #A stated that the facility didn ' t have any space for storage at the property so they have to leave the bedframes outside. She stated that the other trash & debris was going to be picked up during the next monthly bulk pickup. No documentation was provided that this service had been requested for this address, or that it would occur.
Class III

Z827 Unlicensed Activity

Based on observation and interviews, the facility exceeded their licensed capacity by one resident (Resident #7). The facility is licensed for six residents. Seven residents were living at the facility at the time of the survey.
Findings:
A review of Florida Health Finder records on reveals that the facility is licensed to accommodate six residents.
On / at 12:12 p.m., seven residents were observed living at the facility. Resident #7 was living in a had a sign on the door which read: " Employees Only " .
On / at 12:15 p.m., Resident #7 stated that he has been living in the facility for 5 months. He stated that his mom put him at the facility so that staff can help him. He stated staff helps him by keeping his medication locked up and giving it to him every day and that staff also prepares his meals and cleans his .
On at 1:07 pm, the Administrator stated that Resident #7 ' s mother is a friend of the property ' s owner and the resident is independently living there. She further stated that the facility doesn ' t have a resident record, medications or a medication observation record for Resident #7.
On at 1:08 pm- Resident #7 showed where his medications were stored. He went to the locked medication cabinet in the back day stated that staff gets the medications out of there when it ' s time for him to take them.
On / at 1:09 pm, the Administrator stated that Resident #7 ' s mother just brought the medications back to the facility and she asked Employee #B to hold them as a favor.

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SUMMARY STATEMENT OF DEFICIENCIES
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On [illegible] at 1:10 p.m., observed Employee #B bring Resident #7 ' s medications out from where they were being stored: in Resident #3 ' s [illegible], hidden under some clothes, in an unlocked shoebox.
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 a Monitoring Survey Revisit conducted on 6, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

Enclosure
AMD:kb

BBT7

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