STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	07/13/2015
NAME OF PROVIDER OR SUPPLIER **GRACE CARE FAMILY HOME, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4221 WEST 5 LANE** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2015. Grace Care Family Home, Corp with Limited Mental Health component had the following deficiencies found at time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on observation and interview the facility failed to have activities even though the activities calendar was posted in common area. The facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community for three out of six residents (Resident #1, 3 and 5).

Findings included:

Observations on at 9:15 AM found the 2015 calendar for activities posted. The activities are exercise, bingo, coloring, reading, playing cards, music and family visit from 2:00 PM-4:00 PM daily.

The residents were observed watching television in the common area during the hours of 9:00 AM and 3:30 PM.

Interview conducted on at 2:45 PM, Resident #'s 1, 3 and 5 stated that they do not do any kind of activities in the facility.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview the facility failed to note lunch substitutions before or when the meal was served.

Findings include:

Observation of the lunch on at 11:45 AM showed that residents were served rice & beans, boiled eggs with potatoes, tomatoes and fruit cup.

Review of facility menu stated Spaghetti and meatballs, tomatoes, dinner roll, mixed salad, salad dressing, and fruit cup.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview conducted on at 2:45 PM, the caregiver confirmed that substitutions were not written for lunch.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grace Care Family Home, Corp
4221 West 5 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
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