STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	07/22/2015
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **964 S HARBOUR CITY BLVD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

Complaint investigation CCR#2015000921 was conducted on . Grand Villa of Melbourne had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure a complete medical examination was obtained for 2 of 4 sampled residents (#4 & #5).
Findings:
1. Resident record review for resident #5 revealed a health assessment report AHCA form 1823 dated / that listed diagnoses of high , low , (, , -atherosclerotic ( ), , , ( ), (OA), chronic pain, , , and Chronic Myofascial Pain (CMP). Continued review of the health assessment revealed page 2 of the assessment did not address the resident's needs regarding ambulation, bathing, dressing, , eating, and toileting this section was left blank. The health assessment report indicated she needed assistance with transferring.
The review revealed a facility form, attached to the health assessment from AHCA 1823 entitled "Admission assessment (Resident Care to complete). The form indicated re-admit at 6:15 PM and was a check off list that indicated the resident wore glasses, behavior was normal, was continent of , alert and oriented, was clear, had no bed rails, stood with safety device, walked with wheelchair. The form was signed by a Licensed Practical Nurse. Continued review revealed no evidence to confirm the omitted information was obtained either orally or in writing from the health care provider that included the name of the health care provider, the name of the facility staff recording the information and the date.

In an interview with the Resident Care Director after she had reviewed the 1823 form, on / at approximately 3 PM who stated the attached form completed the health assessment.
2. Record review for Resident #4 revealed a Resident Health Assessment form 1823 that was dated / / . The resident was admitted on / / . The sections on the 1823 for the examining Health Care Provider to write the license number, address and telephone number were left blank.

During an interview with the Resident Care Director after she had reviewed the 1823 form, on at approximately 3 PM, she confirmed the above information was left off of the 1823.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	**07/22/2015**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **964 S HARBOUR CITY BLVD MELBOURNE, FL 32901**	

SUMMARY STATEMENT OF DEFICIENCIES
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0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted residents with self-administration of medications followed the correct procedure for 4 of 12 sampled residents (# 5, 6, 7, and 10).

Findings:

Observations on / at approximately 5:45 AM noted there were 4 medication carts on the first floor. Staff #D stated she was a "med tech" (An individual who attended a 4 hour medication training regarding the provision of assistance with self-administration of medication.) and was about to begin her shift. There were 2 other staff working; it was almost the end of their shift. She said staff # C was passing medications and staff # E provided care. All 6 floors were toured. The staff was not observed on the floor.

Observations on / at approximately 6 AM noted that staff #C the "med tech" was on the first floor and carried a plastic container. She stated she assisted residents in , 616 and 217 with their medications. Observations noted she did not have pill containers/bubble packs in her plastic container. She stated she took the pills up earlier and had come down to get the liquids and that she normally took the bubble packs to the , read the label to the residents, put them in a cup and maybe the residents, since they are sleepy did not see her punch the medication card.

1. In an interview with resident #5 on / at approximately 6 AM who stated "I got my medications this morning. I was going to sleep. She brought me my medications, she brought them in a cup and a cup of water. She waited until I drank them. No, she did not bring the medication pack". In another interview on / at approximately 10 AM she stated "she brings those (medications) in a cup I know what I take, if I have a question, they check for me. They know what I take too."

Resident record review for resident # 5 revealed a health assessment report AHCA form 1823 dated / that listed diagnoses of high , low , ( ), ( ), ( ), ( ), (OA), chronic pain, , and Chronic Myofascial Pain (CMP). She needed assistance with self-administration of medications.

2. Observations during the medication pass at approximately 6:25 PM noted that staff # D assisted resident #7 with the application of Voltaren Gel. The prescription label dated / indicated apply 4 gram to shoulder twice daily as needed for pain. Continued observations noted the staff put on gloves and squeezed an amount of the medication on her fingertips and rubbed the gel into the resident's shoulders. In an interview on / at approximately 6:30 AM with staff #D who stated she did not have the measuring ruler that came with the prescription, but because she has been doing this (applying the gel) she knew how much the resident needed.

3. In an interview with resident # 6 on / at approximately 10 AM who stated "I don't remember how she did the medication I was sleepy. I take the same pill every day they don't need to tell me what I take."

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4. During an interview with resident #10 on :/ at approximately 9:20 AM, who stated he received his medications early around 6: AM-6:30 AM. He stated the staff always brought the medications in a small cup. He stated the staff never told him what they are taking because he knows his medications. He stated the staff would hand him the small cup, watch him take the medications and leave. He stated the staff never brought the medication package into the read the label.
In an interview with the Resident Care Director and administrator on at approximately 3 PM, who offered no comment.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Villa Of Melbourne
964 S Harbour City Blvd
Melbourne, FL 32901

RE: CCR #2015000921

Dear Administrator:

This letter reports the findings of a state licensure complaint investigationsurvey 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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