RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grande, LLC, The
725 Desoto Avenue
Brooksville, FL 34601

RE: CCR #2015004889

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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Alachua, FL 32615-5669
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AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	08/04/2015
NAME OF PROVIDER OR SUPPLIER **GRANDE, LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 DESOTO AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 Initial Comments

An unannounced complaint survey CCR#2015004889 was conducted at The Grande, an assisted living facility in Brooksville, Florida on , 2015. Licensure deficiencies were identified as a result of the survey.

0054 Medication - Records

Based on record review and interview the facility failed to accurately maintain and update the Medication Observation Record (MOR) for 1 (Resident #1) of 5 residents reviewed.

Findings:

A review of the Medication Observation Record (MOR) and the Controlled Drug Use Record for Resident #1 revealed discrepancies in recording doses received of Patch 100 mcg (micrograms) and Patch 50 mcg for the months of 2015 and 2015. Specifically, 100 mcg were signed out on the Controlled Drug Use Record on , , , , , 5/1 and 5/5 with no corresponding intials on the MOR to show the medication was received. Additionally, 50 mcg were signed out on the Controlled Drug Use Record on , , , and 5/1 with no corresponding initials on the MOR to show the medicaton was received.
An interview was conducted with Staff C on at 5:12 PM. She states she does not know why that she did not sign the MOR if she signed out the medication on the Controlled Drug Use Form. She doesn't remember what happened. She stated that the MOR and the Controlled Drug Use form should match. She cannot explain why it does not.
An interview was conducted with Staff D on at 5:27 PM. She states when she takes out the medication she has to sign it out the on Controlled Drug Use Form and she states she has to make sure the resident takes it right them. She states then it is put on the MOR. She states that the dates on the MOR should match the dates on the Controlled Drug Use Record.
An interview was conducted with Staff E on at 6:25 PM. He states when he gives , he will sign it out in the Controlled Drug Use Record. He further states the dates on the MOR should be the same as the date we signed it out on the Controlled Drug Use Record.
An interview was conducted with the LPN on at 4:30 PM. She confirmed that there were decrepancies on the MOR and the Controlled Drug Use Record. She states that she does not know what happened as she was not with the facility during that time.
A review of the facility policy "Medication Administration Program" dated states the community will provide medication assistant to a Resident who requests or needs assistance. It further states under "Procedure," Page 2, #5: "Documentation in the Medication Record is complete and accurate. C.) Medication Record is correctly noted, with signatures and explanations for missed

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medications noted properly."

Class III

0056 Medication - Labeling and Orders

Based on record review and interview the facility failed to ensure that ordered medications were filled in a timely mannor for 1 (Resident #1) of 5 resident reviewed.
Findings:
A review of the Medication Observation Record(MOR) for Resident #1 revealed the resident did not receive " D2, 1.25 mg (50,000 Units), take one capsule by mouth one time per week on Saturday" on , and / .
An interview was conducted with the LPN on at 1:47 PM. She stated she wasn't aware that the resident was out of D2, 1.25 mg (50000U). She confirmed that the MOR states that on , 25 and 8/1 the medication was not given due to "awaiting delivery- called MD". She further confirmed that there is no D2 in the medication cart. She also states that the doctor had not been notified. She states that the adverse effects of not getting her D2 is continued D deficiency.
An interview was conducted with Gary Clark, Physician's Assistant on at 2:00 PM. He states he didn't prescribe the medication so he is not sure why she is getting it but he wants it to be continued.
A review of the medication policy "Medication Order Tracking Policy" #2 states: "Faxes to pharmacy. Mark order/request for meds and stamp 'faxed' in upper left hand corner, initial and date. Fax to pharmacy. Replace in folder. Check folder daily. If no meds by next day, call pharmacy. Mark order 'faxed' a second time, date initial,then return to file folder. If no response after the third day, call pharmacy manager or pharmacy Nurse Consultant to immediately address the problem. File order in resident chart."
Class III