STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968544	**08/25/2015**
NAME OF PROVIDER OR SUPPLIER **GRAMMY'S HOUSE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 LAKEWOOD DR MELBOURNE, FL 32904**	

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

0000 Initial Comments

The biennial re-licensure survey with Limited Nursing Service was conducted on . Grammy's House Corp. had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to follow physician orders for medications for 1 of 5 sampled residents (#1), did not document the healthcare provider and responsible party were notified of a significant change for 1 of 5 sampled residents (#1), and did not document weights every 6 months for 1 of 5 sampled residents (#1).

Findings:

1. Observation of the medication pass for resident #1 revealed the resident received assistance with self-administration of medications on at approximately 9:15 AM.

The resident received one , a supplement, 500 micrograms (mcg.). Review of the physician's order dated / indicated B12 1000 mcg. The resident should get 2 pills.

Review of the Medication Observation Record (MOR) revealed 1000 mcg. daily.

In an interview with the administrator on / at approximately 2 PM who stated the family brought 1000 mcg. last time. She did not read label to see 500 mcg. was brought in this time.

2. Resident #1's record revealed an Assisted Living Facility Health Assessment Form (1823) updated on / / that indicated diagnosis and and a history of ostomy. The resident needed assistance with medication.

Review of the facility notes for resident #1 did not reveal any documentation that indicated the healthcare provider was notified when the resident was admitted to the hospital on / .

On at approximately 2 PM, the administrator confirmed that staff did not document that the healthcare provider was notified.

3. Resident #1 was admitted on / and needed assistance with activities of daily living. Review of the weights did not reveal any documentation that indicated the resident's weight was taken every 6 months. A weight for 2015 was needed and not recorded.

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On / at approximately 2 PM, the administrator stated the weight was not done.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to ensure residents were treated with consideration and respect with due recognition of personal dignity, and the need for privacy for 2 of 5 sampled residents (#1 & 2).

Findings:

1. On at approximately 9:15 AM, resident #2 was observed ambulating in the facility in a pair of shorts. A bag containing was exposed below his shorts.

2. On at 9:15 AM, the unlicensed staff was assisting the residents with medications at the dining . Resident #1 was sitting at the table with his bag exposed over his clothes, with liquid feces seen in the bag.

The staff member assisted resident #1 at approximately 9:15 AM with medications while he was sitting at the table and read the medication labels to the resident. There were other residents sitting at the table during the med pass.

On / at approximately 2 PM, the administrator stated she was not aware the staff did not provide privacy to the residents.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, area at all times.

Findings:

Observation on at approximately 9:15 AM revealed the unlicensed staff; staff A assisted the residents with medications at the dining . The resident's medications were in see-through

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plastic containers and were stacked on a chair at the dining . The staff member left the table, went into the a resident to assist him with toileting, and left the medications at the table with the residents still sitting at the table. At that time, the residents had access to all the medication left by the staff member.

The staff member did not ensure the medications were locked and secured at all times.

On at approximately 11 AM, the administrator was made aware the medications were not locked and secured. She was not aware staff A had not kept the medications secure at all times.

Class III

0091 Training - Documentation & Monitoring

Based on personnel record review and interview, the facility failed to ensure staff had certificates that included the required information for 2 of 4 sampled staff (A & B).

Findings:

Review of personnel records revealed the Emergency Preparedness and Evacuation training Certificates did not include the number of hours for the training for staff A, dated / / , and staff B, dated / .

On at approximately 4 PM, the administrator stated she was not aware the certificates did not contain the number of hours of the training.

Class

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to note substitutions at mealtime and maintain a substitution list.

Findings:

Observation revealed on / at approximately 12 PM revealed the following was served for lunch: 8 ounces Shepherd's Pie with 3 ounces of meat and 1 cup of potatoes, carrots and onions.

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Review of the dated menu revealed the following was to be served on : 3 ounces of pork chops, ½ cup sweet potato and ½ cup of broccoli. There was no documentation to review that indicated a substitution list was maintained.

On at approximately 2 PM, the administrator stated she had made substitutions to the menu and did not have an up to date substitution list.

Class III

0161 Records - Staff

Based on review of personnel files and interview the facility failed to ensure they maintained a personnel record contained the required information for 1 of 4 sampled staff (D).

Findings:

Personnel record review for Staff D, the Limited Nursing Services nurse, date of hire / , revealed there was no documentation to review that indicated Level II Background Screening results were conducted, or a signed Affidavit of Compliance with Background Screening was available for review.

Review of the Agency for Healthcare Administration BGS website on / at approximately 11:40 AM revealed staff D was eligible on / .

In a phone interview with Staff D on at approximately 11:35 AM who stated she had BGS results conducted and would email the results to the surveyor. The results were received on / .

During an interview with the administrator on at approximately 11:45 AM, who stated Staff D was an independent contractor, she did not have an employee file for the staff or BGS documentation.

Unclassified

N277 LNS - Resident Care Standards

Based on record review and interview, the facility failed to ensure a Registered Nurse (RN) was employed or contracted to supervise the nurse and conduct monthly nursing assessments for Limited Nursing Services (LNS).

Findings:

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Phone interview with staff D, a nurse, on at approximately 11:35 AM revealed she was contracted to provide nursing services for LNS at the facility. She stated that she was a licensed practical nurse (LPN) who provided nursing services but would not complete the monthly nursing assessments.

Review of personnel files revealed there was no documentation to review that indicated an RN was employed or contracted to conduct monthly nursing assessments for LNS.

On at approximately 11:45 AM, the administrator stated she was not aware an RN was required to supervise the nurse and conduct the monthly nursing assessments.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2015

Administrator
Grammy's House Corp
3401 Lakewood Dr
Melbourne, FL 32904

RE: Relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on September 3, 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than September 30, 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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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