State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967028

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/10/2015

Name of Facility
GRANNY'S ADULT HOME

Street Address, City, State, Zip Code
1031 NW 39TH COURT
CORAL GABLES, FL 33134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC: 429.28** LSC		ID Prefix **A0151** Reg. # **58A-5.023(2) FAC** LSC		ID Prefix **AZ827** Reg. # **408.812, FS** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 09/23/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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 9/10/15. Granny's Adult Home had deficiencies at time of survey.

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to keep medication locked at all times. Medications were left unattended and unlocked in an area accessible to facility residents.

Findings:

On , a review of the facility's floor plan listed the space at the back of the facility, being rented out to a tenant, as a storage area.

On at 8:40 am, a medication cup containing two pills was observed on top of a microwave oven in the storage area, which was in use as an unlocked was accessible to the rest of the facility.

On at 8:40 am, during an interview, the Administrator stated that the medications belonged to a tenant who was renting the . The Administrator did not respond when asked why the medications were not in a locked area, inaccessible to facility residents.

On 9: at 2:31 pm, the Tenant acknowledge that he had left the pills in the cup, in the unlocked .

Class III

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 Second Montoring Revisit Survey conducted on 10, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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