RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Pleasant Grove Manor, Inc.
5701 South Pleasant Grove Road
Inverness, Florida 34452

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 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 , 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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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965766	09/11/2015
NAME OF PROVIDER OR SUPPLIER **PLEASANT GROVE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5701 S. PLEASANT GROVE ROAD INVERNESS, FL 34452**	

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

0000 Initial Comments

An unannounced Biennial licensure survey was conducted at Pleasant Grove Manor, an Assisted Living Facility in Inverness, Florida on [redacted], 2015. Licensure deficiencies were identified as a result of the survey.

0056 Medication - Labeling and Orders

Based on observation, interview and record review the facility failed to accurately assist resident's with self-adminstration of medication in 1 (Resident #7) of 4 resident's reviewed.

Findings:

An observation was conducted of the medication pass on [redacted] at 11:20 AM. It was observed that Staff A assisted with self-administration of medication for Resident #7. Resident #7 was observed to received [redacted] Dietary Supplement, 400mg, 1 tablet.

A record review of the Medication Observation Record (MOR) was conducted. The MOR states: [redacted], 400 mg, Take 2 tablets by mouth one time daily.

An interview was conducted with Staff A on [redacted] at 11:35AM. She confirmed that she gave Resident #7 one tablet of [redacted]. She further stated that she thought it was suppose to be one tablet twice a day.

A record review of the physician's order dated [redacted] was conducted. The physician's orders reads: [redacted] 400 mg, one tablet [redacted] (twice a day).

An interview was conducted with the Resident Care Coordinator/Assistant Administrator at 2:00PM. She confirmed that Staff A gave only one tablet of the [redacted] Dietary Supplement as stated on the MOR.

An interview was conducted with the Administrator on [redacted] at 3:00PM. She confirmed that the physician's order and the MOR did not match.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to ensure that over the counter (OTC) medications

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SUMMARY STATEMENT OF DEFICIENCIES
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were labeled with the resident's name in 1 (Resident #7) of 5 residents reviewed.

Findings:

An observation of a medication pass was conducted on / / at 11:20 AM. It was observed that Resident #7 received an OTC dietary supplement , 400mg.

Further observation revealed that the OTC did not have the resident's name on the bottle (photographic evidence).

An interview was conducted with the Caregiver/Medication Tech on / / at 11:35 AM. She confirmed that the resident's name was not on the bottle of .

Class III

0081 Training - Staff In-Service

Based on interview and record review the facility failed to provide inservice training for 3 (Staff A, B and C of 3 staff members reviewed.

Findings:

A record review of the personnel files for Staff A, Staff B and Staff C revealed that there is no record of training for (1)Emergency Preparedness and Evacuation Training, (2) Recognizing/Reporting , Neglect and Training, and (3) Policies and Procedure Training.

A interview was conducted with the Resident Care Coordinator/Assistant Administrator on / at 3:00 PM. She confirmed that there was no record of the training for (1)Emergency Preparedness and Evacuation Training, (2) Recognizing/Reporting , Neglect and Training, and (3) Policies and Procedure Training in the personnel files. She further confirmed that there is no documentation showing the training is being done.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, interview and record review the facility failed to ensure a safe, decent living environment for its residents.

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Findings:
During the initial tour of the facility on / at 9:05AM the carpet in the South and North hallways was observed to be stretched out, loosely fitting and split with loose frayed ends (photographic evidence obtained).
An interview was conducted with the Administrator on / at 4:00 PM. She confirmed that the carpet is in need of repair. She states that she has received authorization from corporate to replace the flooring. She further stated that when the new maintenance person starts, the new flooring will be installed.
A review of the facility records revealed that authorization for the work to replace the flooring in both North and South wings was received on .
Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to ensure that a Level II background screening was obtained for 1 (Staff A) of 3 staff records reviewed.

Findings:

A review of the personnel records revealed that Staff A was hired on . Further review revealed that Staff A had a background screening dated . A review of the personnel record revealed that the last position held requiring a level II background screening was from 2012 to 2014. The records revealed a 90 day break in service.
An interview was conducted with the Resident Care Coordinator/Assistant Administrator on / at 3:00PM. She confirmed that a new background check was suppose to be done as Staff A had a break in service from employment requiring level II background screening.

Unclassified.