STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAFTON HOUSE, LLC	168 MARINE STREET SAINT , FL 32084

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

0000 Initial Comments

An unannounced biennial licensure survey was conducted at Grafton House on , 2016 in St. , FL. Grafton House had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to provide adequate follow up on a grievance voiced by 1 of 4 sampled residents. (Resident #1)

The findings include:

During an interview with Resident #1 on / at 10:45 AM, he stated he has concerns regarding his ability to go to bed when requested. He stated he asks staff to assist him back to be after he eats and he is told " no " and that he has to wait an hour. He stated he voice his complaints to two of the same caregivers almost daily.

During an interview with Employee #1 on at 12:30 PM, she stated she was aware of Resident #1 ' s complaints to go to bed and confirmed that it is almost daily. When asked about why he has to stay up, she stated he is told he needs to sit up to digest. She further explained that it is easier for staff to provide him incontinence care while he is still sitting up, instead of having to get him cleaned in the bed, and that way it can be done on her shift and the upcoming aide won ' t have to do it. She stated that he is told the reasons why he can ' t go to bed, and he is understanding after they explain why they cannot assist him to bed at the time he is requesting.

During a follow up interview with Resident #1 on at 12:42 PM, he stated he is not satisfied with their explanations because he is of a certain age and " should be allowed to go to bed when I want. I ' m being treated like a child. "

During an interview with the Administrator on at noon she confirmed she did not have written evidence of Resident #1 ' s concerns or grievances because she handles the grievances herself when the staff texts her problems that arise. She stated there have not been any concerns significant enough to call for official documentation. She stated said that family members also have access her to her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	03/30/2016
NAME OF PROVIDER OR SUPPLIER GRAFTON HOUSE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 168 MARINE STREET SAINT , FL 32084	

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

number to inform her of issues and she has not had any arise for Resident #1. She explained that Resident 1 has had problems and does not understand the health benefits of sitting up after dinner, because he has a diagnosis of .

Record review of Resident #1's AHCA Form 1823 based on a exam and signed by a physician found under and behavioral status, the physician annotated " Stable " . Further record review for Resident #1 did not find did not find any evidence of Resident #1's complaints to the facility related to wanting to go to be after dinner.

Class III

0052 Medication - Assistance with Self-Admin

Based on medication pass observation, record review and staff interview the facility failed to notify the health care provider for one resident (#3), out of 4 sampled residents for medication pass, when there was a change in his health condition.

The findings include:

During the medication pass observation on at 12:15 PM the medication technician indicated that Resident #3 is ordered by his physician to receive 25 milligrams. Take 1 tablet by mouth in the morning 2 tablets at noon and 3 tablets every night at bedtime. She proceeded to assist the resident to take 2 tablets at 12:20 PM.

Review of the pill card for for the noon dose revealed two pills in the pack for the 29th of the month.

Review of the Medication Observation Record (MOR) for Resident #3 for the month of , 2016 revealed the medication technician had initialed the noon dose and circled it, indicating the medication was held. There was no documentation on the back of the MOR as to why the medication was held.

Review of the medical record for Resident #3 revealed no documentation indicating that the medication technician notified the resident's physician when she held his medication or why she held it. There was no indication that the facility nurse or the hospice nurse notified the resident's physician when the medication was held or why.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	03/30/2016
NAME OF PROVIDER OR SUPPLIER GRAFTON HOUSE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 168 MARINE STREET SAINT , FL 32084	

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

During an interview with the medication technician on at 1:30 PM she stated she held the medication on noon dose, due to the resident being overly sedated and not waking up when she approached him. She stated she did not want to give him the medication because it would only make him more sedated. She stated she called the nurse when she held it.

During an interview with the facility nurse consultant on at 2:00 PM she stated she was not sure if the physician was made aware that the resident was sedated and the medication technician held the medication at noon on . She produced the nursing assessment note dated written by the hospice provider nurse that indicated she was at the facility on and consulted with the medication technician but there was no documentation that the resident was overly sedated and his medication was held at noon.

During a second interview with the nurse consultant on at 2:20 PM she stated she had no documentation of the hospice nurse informing the physician that Resident #3's medication was held on

Class III

0056 Medication - Labeling and Orders

Based on medication pass observation, document review and staff interview the facility failed to follow the physician's orders for one resident (#7) out of 4 sampled residents for medication pass.

The findings include:

During the medication pass observation on at 12:10 PM the medication technician indicated that Resident #7 is ordered by her physician to receive 50mg. Take 1 tablet by mouth in the morning 1 tablet at noon and 2 tablets every night at bedtime. She proceeded to assist the resident to take 1 tablet at 12:12 PM.

Review of the Medication Observation Record (MOR) for the month of , 2016 revealed the resident was to receive 50 milligrams (MG). Take 1 tablet by mouth in the morning, 1 at noon and 2 at bedtime. Generic for

Review of the pill cards for 50 MG revealed the labels on the pill cards matched the MOR.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942945	03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAFTON HOUSE, LLC	168 MARINE STREET SAINT , FL 32084

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

Review of the physician's order dated revealed it read: 50 MG [by mouth] [three time a day] ( ).

During an interview with the facility nurse consultant on at 2:19 PM she stated she was not aware that the medication order had changed on . She called the hospice nurse to get a clarification on the order. The hospice nurse told her she called the pharmacy and gave them the order for 50MG [by mouth] . The facility nurse consultant stated she knew the physician needed to clarify the order and the MOR and the label needed to be changed to reflect the new order.

During an interview with the facility nurse consultant on :00 PM she stated she had called the hospice nurse and the hospice nurse called the physician and the physician told her he wanted to keep the order the same as it currently is since she has been on 100 MG at night since .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

"Corrected Copy"

Administrator
Grafton House, LLC
168 Marine Street
Saint , FL 32084

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 , 2016.** 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida