STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964733	07/06/2016
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3250 DOUGLAS FERRY ROAD** **BONIFAY, FL 32425**	

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

0000 Initial Comments

CHOW

An unannounced change of ownership survey (CHOW) was conducted at Grandview Living license # 9275 from 7/5- . Deficient practice was found at the time of the survey.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to ensure that an admission health assessment was completed within thirty days of admission for 1 of 2 residents reviewed, #7.

Findings include:

The admission Resident Health Care Assessment for Assisted Living Facilities (1823) was reviewed. The form was dated / . The resident observation log stated the resident moved into the facility on / . An interview with the Administrator was conducted on at 8:53 AM. She stated, "I thought they had to have that within 3 months of moving in."

Class III

0025 Resident Care - Supervision

Based on resident and staff interview, and observation of catherization supplies the facility failed to have a daily awareness of the residents general health for 1 of 5 residents interviewed (#1).
The findings are:
Resident #1 was interviewed on at 10:35 am. During the interview the resident said he had to himself daily. Interviews with staff members A, and C were conducted on denied any residents needing to be . (Self is an introduction of a tube into the to drain)
Record review failed to reveal any need to be . The 1823 Resident Health Assessment for Assisted Living Facilities was completed on . He has a medical history of essential tremors, and chronic . Special precautions indicate he has . The resident does not need assistance with activities of daily living. He has medication pill organizer provided by the facility.
A follow-up interview was conducted with the resident on at 8:25 am .He stated, "I have to *myself five times a day. I will do it for the rest of my life."* He was asked about his supplies and he pointed to his closet which shows a box of straight .

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An interview was conducted with the Administrator on at 8:30 am. She stated, "He is a very private person. I personally did not know that the performed self ." She was then asked if she should know this is happening and she stated, "Yes".
Class III

0051 Medication - Pill Organizers

Based on staff interview, observation, and resident record review, the facility failed to ensure that pill organizers were only used for residents who could self-administer medications for 1 of 10 sampled residents, #7.

Findings include:

An interview was conducted with the Administrator on at 10:37 AM. She stated that all residents in the facility used a pill organizer to take their medications and that no staff member conducted a medication pass. She stated that each resident had a pill organizer in their that staff only asked residents if they had taken their medication.

Resident #7's Resident Health Care Assessment for Assisted Living Facilities (1823) was reviewed. The 1823 indicates the resident has diagnosis of , , , high and Type II and is dated / by her health care provider. On page 4 of the 1823 B Does the individual need help with taking his or her medication. It is marked that the resident "needs assistance with self-administration of medications."

The resident was observed on at 7:15 AM leaving the dining area. The Administrator and staff C stated at that time that the resident was going to her take her medications. The form 1823 was shown to both the Administrator and Employee C. They both stated that they didn't understand the difference between a resident who was able to take their medications and one that required assistance taking their medication.

A tour of resident #7's conducted on at 9:15 AM. A pill organizer was seen in the . Employee C, a direct care staff, opened the container and stated that the resident had taken their medication.

Class III

0078 Staffing Standards - Staff

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Based on staff interview and employee record review, the facility failed to ensure that an annual screening was done for 3 of 3 sampled employees, A, B, and C.

Findings include:

An employee record review was conducted for staff A, B, and C. All were direct care staff. No employee had a screening for 2015 or 2016. An interview was conducted with the Administrator on at 2:43 PM. She stated, "We are all missing the skin test. They were all missed."

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on staff interview and record review the facility failed to ensure 1 of 3 employees (Employee C) had an updated assistance with self administration of medication certificate updated annually.
The findings are:
An employee file review was conducted for Employee C on . The last medication update was completed on . An interview was conducted with the administrator on at 3:00 pm. She was asked to provide the missing certificate. She looked through the employee file and confirmed the last training was completed on .
Class III

0085 Trainina - Nutrition & Food Service

Based on staff interview and staff record review the facility failed to have the food service designee complete 2 hours of training yearly for 1 of 1 (Employee C).
The findings are:
Employee C was identified by the administrator as the food service designee for the facility on at 3:20 pm. She was then asked to provide the required training annually. She checked the employee file and found a certificate dated . She confirmed this was the last training employee C had in her file. She then stated, "I was not aware that she should have training every year."
Class III

0093 Food Service - Dietary Standards

Based on observation of meals, staff and resident interview, and contract review the facility failed to provide meals no more than 14 hours from dinner meal to breakfast meal for 11 of 11 residents and failed to offer snacks for 11 of 11 residents.

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The findings are:
A interview was conducted with Resident #1 on at 10:35 pm. He said the food was pretty good. He then stated, "The meal times are 7, 11 , and 4 which is 15 hours from dinner to breakfast. I talked to them and they did nothing. No, snacks are not offered at all."
An interview was conducted with Employee C caregiver on at 11:15 am. She confirmed meals were served at 7 am - 11 am, and 4 pm. She then said residents are offered access to snacks at any time. They are kept in the refrigerator. Further questioning revealed that "residents buy their own snacks to eat and put in the refrigerator". She also said that snacks are provided for residents if they ask for them.
An interview was conducted with the Administrator on / at 12:15 pm. She stated, "We discourage residents from coming into the kitchen we do not want them around the stove."
Meals were observed for lunch which was served at 11:00 am and then dinner was observed to start at 4 pm and residents were finished by 4:30 pm on . Breakfast was observed to begin at 7 am on .

A review of the resident contract indicates in the second paragraph Grandview agrees to provide #2 three meals per day, plus snacks.
An follow-up interview was conducted with the Administrator on at 7:33 am. She was asked about meals and snacks and stated, "Yes, I see that the meals are spaced at 14 1/2 hours over the required the 14 hours. No we do not have residents who have kitchen facilities. They buy their own snacks. If they ask we will give them snacks. "

Class III

Z814 Background Screening Clearinghouse

Based on staff interview the facility failed to have a facility roster (employee list) registered with the Agency's Care Provider Background Screening Clearinghouse.

The findings are:

An interview was conducted with the administrator on at 7:33 am . She was asked about her facility or employee roster. She stated, "No I do not have an employee roster. How do I do that?"

Unclassified

Z815 Background Screening: Prohibited Offenses

Based staff interview and employee file review the facility failed to obtain required background screening

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for 1 of 3 employees (Employee A) before she began working with residents.

The findings are:

Employee file review revealed that Employee A was hired on / and began working with residents of the facility. Further review showed a Level II background screening with a date of as eligible to work.

An interview was conducted with the Administrator on at 2:42 pm. She was asked about the date of the Level II versus the hire date. She stated, "We were late on that one. She worked in another state that did not have the same requirements. I realized in and got the required screening."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grandview Living
3250 Douglas Ferry Road
Bonifay, FL 32425

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 12, 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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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