STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942934	**08/15/2016**
NAME OF PROVIDER OR SUPPLIER **GRAND COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **295 SW 4TH AVENUE POMPANO BEACH, FL 33060**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016005598 and CCR# 2016005600, was conducted on 8/15/16 at Grand Court ALF (License #5464). The facility had deficiencies at the time of the investigation.

0054 Medication - Records

Based on record review and interview, the facility failed to ensure that the Medication Observation Record (MOR's) was immediately updated each time a medication is offered or administered, for 1 of 3 (Resident #2) record reviewed.

The findings include:

Resident #2 was originally admitted to the facility on with a diagnoses that includes: muscle , joint pain to shoulder, , and .

A review of Resident #2's MOR's for the month of 2016 on at 12:15 PM, revealed that Resident #2 is to receive the following medications at 08:00 AM:

a) 0.25 mg Tablet
b) 200 MG tablet
c) 0.005 % drops
d) 25 MG Tab ER 24 HR
e) 10 Meq Tablet ER
f) 9.5 MG/24 Hour patch TD2
g) 1-0.2% drops susp
h) patch 0.1 mg off at 8:00 AM
i) Further review revealed she is to receive the following medications at 07:00 AM
j) Levoxyl 88 MCG
k) 1 MG tablet

The review of the MOR's for the month of 2016, revealed that the Licensed Practical Nurse (LPN) had not signed the MOR's for any of Resident #2's 07:00 AM or 08:00 AM medications on and the 0.25 mg Tablet, 200 MG tablet, 1 MG tablet, 0.005 % drops had not been signed off since .

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In an interview conducted on [redacted] at 12:23 with Staff A (an LPN), she confirmed that she had not marked any of the MOR's for the 8:00 AM Medications for Resident #2. She stated she did give all the medications this morning, she had too much to do, and just did not document.

The Administrator was present on [redacted] at 12:23 PM during the interview with the LPN and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grand Court ALF
295 SW 4th Avenue
Pompano Beach, FL 33060

RE: CCR #2016005600 and #2016005598

Dear Administrator:

This letter reports the findings of a state complaint licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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