STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968698	08/31/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 34TH STREET SOUTH SAINT PETERSBURG, FL 33711**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, a biennial re-licensure survey was conducted at Grand Villa of St. Petersburg. Deficient practice was identified during the survey.

(License # 12561)

0030 Resident Care - Rights & Facility Procedures

Based on interviews and record reviews, the facility failed to protect the residents from the misappropriation of resident property and funds by failing to conduct investigations for multiple, recurring thefts for 3 of 3 sampled residents related to grievances.

Findings included:

1. During an interview with Resident 1 on , 2016 at 3:45 PM, the resident stated that money was stolen from her that there were a lot of thefts that occurred recently in the facility.

2. A review of the facility ' s grievance log on , 2016, revealed a theft log that listed the multiple, reoccurring thefts that have been reported between , 2016 and , 2016. The theft log revealed that during this time frame, there were 20 reported thefts of personal property and funds from 15 residents in the facility. Resident 1 reported on that $75 was taken from her. Resident 2 reported multiple thefts: reported on , 2016 that $50 was taken from her purse in her walker; reported on , 2016 that $70 was taken from a pouch in her wheelchair; reported on 30, 2016 that $40 went missing while at breakfast and exercise class; reported on , 2016 that $10 was taken from her change purse while she was at church; and reported on , 2016 that $20 was taken from her change purse. Resident 3 reported on , 2016 that her phone charger was taken. Photos obtained of theft log.

3. A review of the facility's grievance policy and procedures on , 2016, revealed that a "Grievance Form (RES-57)" is to be utilized for all grievance investigations. This grievance form was not completed for any of the 20 reported thefts. The facility's grievance policy and procedures states that after the grievance investigation is completed, a grievance resolution is to be identified and "communicated to the individual(s) making the grievance." Interviews with 2 of the 3 sampled residents revealed that the facility did not follow their own policy in regards to completing a grievance investigation and communicating the grievance resolution to the residents. Photos obtained of the Grievance Policy

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and Procedures.

4. During an interview with the Administrator on , 2016 at 5:30 PM, The Administrator stated that the facility did speak to the residents about the reported missing items but failed to document or complete a thorough investigation. The Administrator stated that she spoke at the resident council meeting and encouraged residents to lock valuables and not place anything in plain sight. The Administrator stated that the Facility had not implemented any new protocols that would protect the residents from theft of resident property or funds in the future and that the residents were informed to call the police directly to report any future thefts at the facility. She stated that she did not talk to residents individually regarding the outcome of each of their grievance investigations.

5. During an interview with Resident 2 on , 2016 at 6:45 PM, she stated that after the thefts occurred, the "only thing that the facility did was talk about it." Resident 2 stated that she was never told the outcome of the investigation. She stated that 2 pairs of expensive jeans were stolen recently from her she did not report it because, " what ' s the point. Nothing will happen " .

6. During an interview with Resident 3 on , 2016 at 6:55 PM, the resident stated that the facility didn ' t do anything after she reported a theft. She stated that she felt that she was not taken seriously by the facility staff and that she "felt blamed" for what had occurred. She stated, "they didn't do anything until about a month after " , when they told her that she has to call the police to report future thefts. She stated that she was not informed of an investigation regarding her grievance.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure that substitutions were noted before or when the meal was served for the observed lunch meal. Additionally, the facility failed to ensure that a 3-day supply of non-perishable food, based on the resident census, was on hand at all times for the facility's emergency food supply.

Findings included:

An observation of lunch in the memory care unit at 11:20 AM on , revealed that the following was served: soup, chicken stew, Swedish meatballs, noodles, spinach, squash, biscuits, and pudding topped with Oreos. The posted lunch menu for the current day of the week was: soup du jour, tossed salad with dressing, roast pork loin with applesauce, ravioli with marinara sauce, mixed vegetables, squash medley, potatoes, hot roll, and frosted cake.

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SUMMARY STATEMENT OF DEFICIENCIES
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The substitution log was observed on / at 12:19 PM in the presence of Staff E, the dietary manager. The substitution log was observed to have entries for / for the lunch meal indicating that chicken stew had been substituted in place of the scheduled ravioli with marinara sauce and that Swedish meatballs had been substituted in place of the scheduled roast pork loin with applesauce. There was no listing on the substitution log to reflect that spinach had been served in place of the mixed vegetables, noodles had been served in place of the potatoes, and that pudding topped with Oreos had been served in place of the frosted cake.

In an interview on / at 12:19 PM, Staff E confirmed that he substituted spinach in place of the mixed vegetables, noodles in place of the potatoes, and pudding topped with Oreos in place of the frosted cake for the lunch meal. Staff E also confirmed that he did not note these substitutions on the substitution log.

On / at 12:19 PM, an observation of the facility's emergency food supply with Staff E revealed six cans of beef ravioli, six cans of chicken and dumplings, six cans of macaroni and cheese, and six cans of creamed beef.

An interview was conducted with Staff E on / at 4:00 PM. Staff E stated that the cans in the emergency food supply contained 24 servings per can. Staff E confirmed that there was a total of 24 of these cans making up the 3-day emergency food supply. The emergency food supply contained 576 servings of non-perishable food. The facility census on / was 115 residents. To provide 115 residents with three meals a day for three days, the facility would have to provide a total of 1,035 meals. Staff E stated that there was not enough non-perishable food on hand for the emergency food supply.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grand Villa of St Petersburg
3600 34th Street South
Saint Petersburg, FL 33711

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016, by representative(s) 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.

St. Petersburg Field Office
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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul H Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90