STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	**09/21/2016**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ALTAMONTE SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701**	

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

0000 Initial Comments

A Re-Licensure survey was conducted on / . Grand Villa of Altamonte Springs Assisted Living, license #7103, had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview the facility failed to provide care and services appropriate to the needs of residents, accepted for admission to the facility and did not follow physician orders for 1 of 3 sampled residents (5.)

Findings:

Resident record review for resident #5 revealed a health assessment report form 1823 dated and it revealed he required assistance with self-administration of his medications. A health care provider order dated read 10 milligrams (mg) daily for seven (7) days and hold 5 mg until completion of 10 mg.
His 2016 MOR listed 5 milligrams (mg) take one tablet by mouth daily and had been held on , , , , , , , and 10 mg take one tablet by mouth daily for 7 days and had been signed as given on , , , , , , , .
His 2016 MOR listed 5 milligrams (mg) take one tablet by mouth daily and read 'held' on 9/1, 9/2, 9/3, 9/4, 9/5. There had been no entries on the MOR that indicated why the medication had been held.
Review of his record revealed no evidence of a health care provider order to hold the medication.
During an interview with his physician on / at 3:45 PM, he said they should have restarted the 5 mg after the completion of the 10 mg which had completed on / . He said there had been no harm to the resident as a result of the missed medication.

Class III

0090 Training -

Based on personnel record review and interview, the facility had no evidence or documentation that 1 of 5 sampled staff (B) completed at least one hour of the ( ) training within 60 days after employment.

Findings:

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Staff B's personnel record review revealed no evidence or no documentation that a training was completed 60 days after employment (date of hire /).

An interview on / at 3:30 PM with the administrator who confirmed the findings.

Class III

0093 Food Service - Dietary Standards

Based on observations and interview, the facility did not follow their emergency management plan that was coordinated with and reviewed by the local disaster preparedness authority and did not have on hand at all times collapsible water containers to be used in the event of an emergency for the residents of the facility to obtain water.

Findings:

Observation on / at 1 PM with the dining services manager revealed there was no emergency water stored where he said it was usually stored.

The dining services manager provided a letter from a water company that noted "In the event of a community/local disaster, American Food Distributor will provide food and food related product to Grand Villa of Altamonte provided no travel or access restrictions are in place from any local, state, or federal, governmental or regulatory agencies." According to the food supply company if there were restrictions water would not be delivered.

On / at 1:15 PM, the Administrator provided the emergency management book with the approval letter from the office of emergency management that was dated . The administrator said the facility would use the Collapsible water containers, she was asked to show the agency where the collapsible water containers were kept. The administrator said they were stored in Deland.

At Approximately 1:30 PM the administrator provided a box that included 11-5 gallon collapsible containers and that was for a total of 55 gallons.

Review of the emergency plan revealed it noted:
In the event that a storm is imminent or at the notice and/or warning of any possible disaster the facility will do the following to assure a sufficient water supply is available
1) all water collapsible water bags shall be filled and sealed
The facility has on hand at all times the following which may be used in an emergency/disaster situation

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for maintaining a water supply
(150) 5-gallon collapsible water containers to be filled when needed.
The facility did not have the (150) 5-gallon collapsible water containers as required and coordinated with the local disaster preparedness authority.

Class III

0162 Records - Resident

Based on resident record review and interview, the facility did not ensure all required documents were maintained in the resident record, and did not provide the original Health Assessment (1823) for 1 of 3 sampled records (#6).

Findings:

Review of the record for resident #6, admitted on , revealed one Health Assessment (1823) dated .

On / at 3:45 PM, the administrator stated they were unable to locate the original 1823 from resident #6's admission in 2014.

Class

0167 Resident Contracts

Based on record review and interview, the facility failed to ensure resident contracts had all the required information for 2 of 2 resident contracts reviewed (5 &7).
Findings:
Record review for resident #5 revealed a contract dated .
Record review for resident #7 revealed a contract dated .

The review revealed the contracts did not contain the following required information:

1. If after a contract is terminated the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond [Section 429.24(3) Florida Statute.]

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2. A list of services and costs for Limited Nursing Services (LNS.)

On / at 3:00 PM, the executive director confirmed the findings.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Grand Villa Of Altamonte Springs
433 Orange Drive
Altamonte Springs, FL 32701

RE: Re-licensure survey

Dear Administrator:

This letter reports the findings of a 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 4, 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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