RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Gracious Age
1401 Magnolia Avenue
Sanford, FL 32771

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	01/11/2017
NAME OF PROVIDER OR SUPPLIER **GRACIOUS AGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 MAGNOLIA AVENUE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

A re-licensure survey was conducted on 1/11/2017. Gracious Age Assisted Living with Limited Nursing Services (LNS), License #10274 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility did not ensure the health assessment form 1823 was complete for 1 of 2 sampled residents (#7).

Findings:

Record review for resident #7 revealed he was admitted to the facility on . A review of his health assessment 1823 form dated / revealed the question regarding whether he required assistance with his medications was not answered.

There was no documentation in the record to indicate the facility obtained the omitted information either orally or in writing from the health care provider.

During an interview with the administrator on / / at 1:30 PM, he confirmed the above finding.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility failed to provide the required personal & appropriate supervision to a resident who was non-verbal and in Memory Care for 1 of 2 sampled resident (#5).

Findings:

Observation on / / at 11 AM, revealed # included int he memory care unit; was observed not secured and located within the unit. The first door into the memory care unit (northeast side) where you enter a key code was wide open, propped by a chair. Resident #5 could leisurely come out of the mingle with the Assisted Living Facility (ALF) residents at any time. Further observation revealed resident #5's separated from the other memory care unit residents (32-41) secured and locked, located on other (2nd) southwest side key coded memory care unit door. A construction board door on the other side of # separates .

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Resident #5's record review revealed a 1823 Health Assessment dated 3/29/2016 with a diagnosis of , and a assessment document provided & completed on reporting the physician was unable to obtain resident #5 to answer any questions because she was non-verbal, mute, and unstable to provide meaningful information.

An interview was attempted with resident #5 on / / at 11:05 AM, but the resident would not answer and walked passed me as if #5 did not see me.

An interview on / / at 1 PM with resident #5 legal representative whom stated, "I was not aware that construction was going on at the facility. No one called me to inform me." My sister (#5) would not be able to relay any kind of message to me. She does not talk; she is not verbal. Additionally, I would like to add that if my sister (#5) has any chance to leave and wander from facility she will. The legal guardian was informed the resident could not get out of the facility. However, she would have access to mingle with the assisted living facility (ALF) resident.

An interview on / / at 1:30 PM with the administrator whom stated that he documented on resident #5's observation notes / that he told resident #5 about the construction work. The administrator was asked if the legal representative was notified since resident #5 is non-verbal. The administrator stated he attempted calling the legal representative but did not get an answer. He explained that there was no message left and he did not document the attempt to call the legal represenative in the the record.

Another interview on / / at 2 PM with the administrator who stated he understood the Agency's concern. The administrator added in the interview that the construction board door is only up from 8 AM-4PM every day until construction is completed.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview, the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled residents (#6) with self-administration of medications followed the correct procedure.

Findings:

During observation of the medication pass for resident #6 on / / at 11:30 AM, the unlicensed medication technician removed the medication package from the medication cart, removed a single dose from the package and placed the original package back in the medication cart. The unlicensed

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medication technician handed a cup of water and the single dose to the resident, and told the resident the name of the medication. Resident #6 removed the pill from the single dose package and took the pill without assistance.

The medication technician did not bring the medication in its previously dispensed, properly labeled container from where it was stored to the resident and did not read the label in the presence of the resident, as required.

During an interview with the administrator on / / at 11:45 AM who confirmed the above findings.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (A) submitted a healthcare provider statement that indicated freedom from communicable including within 6 months prior to hire or within 30 days of hire.

Findings:

Personnel record review for staff A, a caregiver, revealed a hire date of / / and a healthcare provider statement dated / that indicated staff A was free from communicable

During an interview with the wellness coordinator on / / at 3:30 PM, she confirmed the above findings.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to maintain an adverse incident report and failed to provide a preliminary adverse incident report to the agency within 1 business day and a full report to the agency within 15 days of an event that was reported to law enforcement for 1 of 2 sampled residents (#7.)

Findings:

Record review for resident #7 revealed a progress note dated / that read 'resident agitated, wanting to leave the facility without assistance. He was cursing at the staff and smashed a picture frame in his a hammer. The Sanford Police department was called. An officer responded to the

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facility and spoke with the resident until he calmed down.'

During an interview with the administrator on 1/11/17 at 1:32 PM, a request was made to review the required adverse incident reports. The administrator said "I didn't submit it because he wasn't [redacted], it was just to calm him down."

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on Background Screening (BGS) Clearinghouse website and interview, the facility failed to report & keep an updated Employee Roster including with registering all staff employed and terminated employees within 10 business days for 3 of 4 sampled staff (A, B, and C).

Findings:

On [redacted] at 8:30 AM, the BGS clearinghouse website review revealed that the following staff who provided direct care working at the facility were not listed on the roster.

1. Staff A-date of hire [redacted]
2. Staff B-date of hire [redacted]
3. Staff C-date of hire [redacted]

On [redacted] at 1:30 PM, an interview with the Administrator who stated t he was not aware that employee roster was not up to date.

Unclassified