STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967466	**06/15/2017**
NAME OF PROVIDER OR SUPPLIER **GINNY'S PLACE II, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 TURTLEMOUND ROAD** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

A complaint investigation (2017002544) was conducted on , , and . Ginny's Place 2 LLC, license #11473, had deficiencies at the time of the investigation.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interview, the facility failed to ensure that a resident admitted to the facility met the minimum criteria for 1 of 5 sampled residents (#5).

Findings:

Record review for resident #5 revealed she was admitted to the facility on . Her admission health assessment form 1823 that was dated , indicated that her needs could not be met in an Assisted Living Facility and that she needed to be admitted to a unit.

On at 3:00 pm, the facility manager confirmed the finding.

Class III

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

Based on record reviews and interview the facility failed to ensure the health assessment form 1823 was complete for 1 of 5 sampled residents (#5).

Findings:

Record review for resident #5 revealed she was admitted to the facility on . Her admission health assessment form 1823 that was dated reflected that the question that pertained to whether she required assistance with her medications was left blank.

Continued review of her record revealed no documented evidence to indicate the facility obtained the omitted information from a health care provider.

On at 3:00 pm, the facility manager confirmed the finding.

Class III

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0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews and interviews the facility failed to ensure a face-to-face medical examination was conducted for 1 of 5 sampled residents (#1) who had a significant change.

Findings:

Record review for resident #1 revealed she was admitted to the facility on with diagnoses of , Chronic Kidney , and .

Her admission health assessment form 1823 that was dated indicated that she had no , .

A hospice note that was dated indicated that she had a , to her .

Her record contained no documented evidence to indicate a new Health Assessment form 1823 was completed when she developed the , as required.

On at 3:22 pm, the facility manager said a new Health assessment form 1823 was not completed when resident #1 developed a , .

Class III

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

Based on record reviews and interviews the facility failed to contact a health care provider and failed to maintain a written record when 1 of 5 sampled residents (#2) was sent to the hospital and when 1 of 5 sampled residents (#4) was discharged to a higher level of care facility.

Findings:

1. Record review for resident #2 revealed she was admitted to the facility on . Her record contained a hospital discharge report that was dated . The report indicated that her discharge diagnoses were a hematoma to her leg and a skin .

Her record did not contain documentation to reflect when she went to the hospital. In addition, there was no documented evidence that a health care provider was notified, as required.

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During an interview with the facility manager on at 3:14 pm, she confirmed the facility did not document when the resident went to the hospital and returned to the facility. In addition, she did not know if a health care provider was notified.

2. Review of the facility's admission and discharge log revealed resident #4 was discharged to a skilled nursing facility on .

The record for resident #4 did not contain documentation to reflect her discharge to a nursing facility and did not contain documented evidence that a health care provider was notified, as required.

On at 3:20 pm, the facility manager confirmed the record for resident #4 did not contain the required documentation.

On at 3:50 pm, the administrator confirmed the record for resident #4 did not contain the required documentation.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on review of the facility's staffing schedule and interview, the facility failed to maintain an accurate staffing schedule.

Findings:

Review of the facility's staffing schedule for revealed staff A was scheduled to work from 7am-6pm. There was no additional staff scheduled to work during those hours.

During an interview with staff A on at 1:23 pm, she said she did not work on from 7am-6pm as scheduled because an employee called off so she worked at a different facility location. She said staff D worked at the facility from 7am-6pm instead. She confirmed the staffing schedule was not updated to reflect the change.

On at 2:55 pm, the facility manager confirmed that on , staff A did not work at the facility as scheduled and staff D worked instead. She confirmed the staffing schedule was not updated to reflect the change.

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Class III