STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968387	**08/23/2017**
NAME OF PROVIDER OR SUPPLIER **A PLACE TO GROW LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 VALLEY DR** **BRANDON, FL 33510**	

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

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on Interview, observation, and record review the facility failed to comply with the licensed capacity of 5. The facility provided services for 24 hours or more to a census of 2 that exceeds their capacity of 5.

Findings included:

Record review of the admission/discharge log at 9:15 am on 08232017 revealed 8 residents. Observation of all residents and their sleeping arrangements at 10:36 am confirmed 8 physically present residents at the facility. Per interview with the Administrator at 11:12 am, she stated she had assisted living residents and daycare/respite residents on property.

Administrator confirmed at 1:43 pm on 08232017 that two daycare/respite care residents reside at her facility beyond 24 hours. She also confirmed that the admission/discharge log was incorrect, as several residents were not listed and one resident not removed from the census at time of survey. Administrator stated, "I know I am licensed for 5 residents and I will need to apply for a capacity increase to be in compliance."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017008333), was conducted at A Place to Grow, Assisted Living Facility. Deficient practice was identified at time of the visit.

(License # 12293)

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

Based on observation, interview and record review, the facility failed to ensure that the required resident health assessments (AHCA form 1823) for three of eight (8) sampled residents (Resident #2, Resident #4 and Resident #7) contained required information reflecting the level of supervision the resident required with medication.

Findings included:

During a record review of the 1823 for Resident #2 dated , it was revealed that on page 4 of the document, section B which asks about whether assistance with medication is required was left blank.

On at 11:20 AM, Staff A was observed giving Resident #7 medication in a medication cup from a locked cabinet and assisting Resident #2 with self-administration of medication.

During a record review of the 1823 for Resident #7 dated , it was revealed that on page 4 of the document, section B pertaining to medication assistance, the health care provider had indicated that Resident #2 required medication administration.

During an interview with the administrator on at 10:30 AM, the administrator stated that there are no nurses on staff at the facility and that Staff A and Staff B (unlicensed staff) assist all of the residents with self-administration of medication.
On that same date during a follow-up interview at 1:50 PM, the administrator stated she did not realize the health assessments were incomplete.

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

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure that Medical Observation Record (MOR) were accurate, free from omissions and errors for one of four residents sampled (Resident #7).

Findings included:

at 1:06 pm During the resident record review for #2, #4, #7, and #8, revealed that there were dates for medications prescribed were not recorded or documented on a MOR for review at time of survey for Resident #7. Surveyor noted this during the medication pass.
Review of Resident #7, revealed that resident was to receive 1 tablet, 10 mg of , once daily, effective . Per observation this surveyor noted the medication was being given twice daily and not documented on the MOR.

An interview with the Administrator was conducted on at 2:27 PM regarding the lack of documentation on the MOR. "I do not know. It appears she does not have a card. I do not know where the error occurred."

Class III

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

Based on observation, interview and record review, the facility failed to maintain a written schedule reflecting its 24-hour staffing pattern.

Findings included:

On at 9:40 AM upon arrival at the facility, Staff A was found to be in charge of the residents. On that same date at 9:45 AM, Staff A was asked if any other staff would be coming to work that day and declined to answer.

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SUMMARY STATEMENT OF DEFICIENCIES
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During a tour of the facility on that same date beginning at 9:30 AM, no employee work schedule was observed to be posted.

When interviewing the administrator on at 10:45 AM, the administrator stated she did not maintain a written work schedule at the facility as most of her staff work the same schedule, except for the change occurring on the day of the survey.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation and interview, the facility failed to maintain the required admission and discharge log listing the admission and discharge dates of 8 of 8 current at the facility (Residents #1-8).

Findings included:

On beginning at 9:30 AM, the facility was observed to have five residents residing at the facility and three daycare residents.

During an interview with the facility administrator on at 10:30 AM, the administrator confirmed the facility currently had five residents and three daycare residents stating the facility's two most recently identified as daycare residents were Resident #2 and Resident #7.

When asked for the admission and discharge log, the administrator stated she did not maintain a log. Upon review of the record for Resident #2 and #7, it was confirmed by the administrator at 2:15 PM, that the residents had been admitted as permanent residents and not documented on the admission discharge log.

Class III