STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966140	**10/24/2017**
NAME OF PROVIDER OR SUPPLIER **BISHOP GRADY VILLAS**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 BISHOP GRADY COURT** **SAINT CLOUD, FL 34770**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Bishop Grady Villas license #10398 had a deficiency found at the time of the visit.

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

Based on observations, record reviews, and interview, the facility failed to ensure that the unlicensed staff who provided assistance with self-administration of medications followed the correct procedure for 1 of 1 medication passes (#12).

Findings:

Observations of the medication pass on at 11:30 AM noted the unlicensed staff reviewed the Medication Observation Record washed her hands, retrieved the medications from cart, placed 1 pill in a small cup and handed the cup to the resident and told her "This is for ". She did not read the label out loud to the resident. After the remediation pass the staff was asked if she knew to read label out loud to the resident, she replied yes.

In an interview with the Director of Nursing on at 1:30 PM, who stated the staff said she was nervous during the medication pass.

Class III