STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968957	01/17/2018
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 E INTERNATIONAL SPEEDWAY BLVD** **DE LAND, FL 32724**	

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

0000 - Initial Comments

An unannounced biennial survey, capacity increase and complaint inspection, CCR #2017012865, was conducted on . . . . . at Grand Villa of DeLand (License #12792). Grand Villa of DeLand had licensure deficiencies at the time of the visit.

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

Based on observation, record review, and resident and staff interview, the facility failed to correctly assist with medication self-administration for Resident #3, 1 of 3 sampled residents.

The findings include:

An observation was made on . . . . . at 9:29 a.m. of Employee A, a Medication Technician, assisting Resident #3 with medication self- administartion. Employee A handed Resident #3 a , Inhaler. Resident #3 put the inhaler to her mouth and did 4 puffs within 5 seconds. Resident #3 stated she thought she did 2 puffs. Employee A stated she was to take 2 puffs, but said she really did 4. Employee A had not given her any instructions before handing her the medication , nor was she observed correcting Resident #3 that she did not do it correctly.

The record review for Resident #3 revealed a Health Assessment dated . The form showed that Resident #3 required assistance with taking her medications. There was a physician order dated for , 160mcg-4.5 mcg/ actuation HFA aerosol inhaler, with instructions to inhale 2 puffs twice a day by inhalation route.

On . . . . . at 9:32 a.m., Employee A stated Resident #3 always takes quick puffs like that and does not take take deep breaths as she should. Employee A also confirmed she did not notify the physician that Resident #3 was not doing it correctly.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, facility policy review and staff interview, the facility failed to ensure medications were secured at all times.

The findings include:

On at 8:45 a.m. a bottle of was observed on nursing cart downstairs, across from the

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dining . Upon observation of the area, no staff were seen present and watching the medication cart. Six residents were observed sitting around the medication cart.

On at 9:05 a.m., Employee A, a Medication Technician, returned to her medication cart. She confirmed she did leave a bottle of medication on top of the cart. She stated it belonged to another resident from another cart and she had not had a chance to put it away yet.

Review of the policy titled "Medication Storage", revised , mandated "All medications including over the counter are kept in locked storage at all times."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to ensure the individual responsible for Food Service at the facility received a minimum of 2 hours continuing education in topics pertinent for food service in an assisted living facility.

The findings include:

Record review for Employee E showed a date of hire of . The most recent food service training was a Safe Service training taken on . Employee E was asked for documentation of additional training. He provided a certificate for 6 credits for a management training.

The findings were confirmed during an interview with the Administrator on at 4:20 PM. She confirmed Employee E was responsible for food service at the facility. She confirmed sent him to management training, and not a training that was food service related as was required for the food service designee.

Class III