| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967699** | **04/10/2018** |
| NAME OF PROVIDER OR SUPPLIER **GRANDE, LLC (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE **725 DESOTO AVENUE BROOKSVILLE, FL 34601** | |

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

**0000 - Initial Comments**

On . . . . . through . . . . . a Change of Ownership Survey was conducted at The Grande Assited Living facility (licenses number 11732). Deficient practice was identified during the survey.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observations and interview the facility failed to treat 1 of 25 residents with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy to ensure that empty medication packages are disposed of in the proper location.

Findings:

During the tour and observations of the facility's living areas on this writer witnessed an empty medication packet lying on top of the medication cart. The medication cart was located in the right hallway of the third floor next to . The medication packet was shown to Staff C. When staff C observed the packet she stated that Staff B had left the empty medication packet in plain view on the cart. When asked which staff is currently in charge of medication carts. Staff C stated Staff G.

Staff G confirmed surveyors observation of the empty medication package. When asked what is the procedure for proper disposal of empty residents' medication packages. Staff G stated residents' identifying information is blacked out with a permanent pen. The staff are then expected to dispose of the package located on the medication cart to insure that trash would not be placed with any local debris collection. Staff G confirmed the Staff B had not followed this steps.
(Photographic Evidence Available)

Class III

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

Based on observations and interview the facility failed to have an unlicensed person providing assistance with self-administration of medication by reading the medication labels of the prescribed in the presents of 9 of 9 residents for residents 5, 7, 8, 9, 10, 11, 12, 13 & 14.

Findings:

On at 11: 47 AM assistance with self-administration of medication observation was made.

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SUMMARY STATEMENT OF DEFICIENCIES
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During the observation Staff A identified each resident, she then stated the name of the medication she was assisting with. Staff A, repeatedly failed to read the label of medication in the presents of the residents 5, 7, 8, 9, 10, 11, 12, 13 & 14 observed.

An interview with Staff A was conducted at 1:25 PM on . During the interview Staff A was asked to review her steps while she assisted with self-administration of medication. After repeating each of her steps. Staff A acknowledge she did not read each medication label in the presence of the residents 5, 7, 8, 9, 10, 11, 12, 13 & 14 observed.

Class III

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

Based on record review and interview the facility failed to provide evidence of a negative ( ) examination for 2 of 3 staff reviewed (Interim-Administrator and Staff B) which must be documented on an annual basis. The facility also failed to have the Interim Administrator maintain a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Findings:

Record review was conducted on . Record review revealed the employment records for the facilities Interim-Administrator and Staff B did not contain a current negative examination. Review of the Interim-Administrator's also revealed the absence of a written statement from a health care provider documenting the individual is free from signs and symptoms of communicable .

An interview was conducted with the interim-Administrator on at 2:20 PM. During the interview a request was made for a recent copy of her Communicable statement. This writer also requested a current copy the Interim-Administrator and Staff B's examination. The Interim-Administrator reviewed each chart and confirmed the documentation for both herself and staff B examination and communicable statement were missing.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on record review and interview the facility failed to have 1 of 3 direct care staff (A) receive a minimum of 1 hour in-service training in control, emergency preparedness, incident reporting,

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

recognizing and reporting . . . . . and 3 hours of providing assistance with the activities of daily living (ADL).

Findings:

Record Review was conducted on . . . . . . . The record review revealed Staff A employment records did not contain the Agency's required in-service training's for control, ADL's, emergency preparedness, incident reporting, and recognizing and reporting . . . . . .

An interview was conducted with the facilities interim Administrator on . . . . . at 2:20 PM. During the interview the documentation was requested for the certificates concerning the missing training's. The Interim-Administrator requested to review Staff A's employment records. Upon her review she confirmed that the required training documentation was missing. She stated "we will have to get those done."

Class III