STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	**08/20/2018**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ALTAMONTE SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **433 ORANGE DRIVE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

Relicensure survey was conducted on . Grand Villa Altamonte Springs, License #7803, had deficiencies found at the time of the visit.

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

Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents who experienced a significant change had a face-to-face medical examination by a health care provider that was recorded on a health assessment form 1823 (#10), and retained a resident who exceeded the continued residency criteria in an Assisted Living Facility (ALF) (#10).

Findings:

With the assistance of the memory care director, observations made of the right and left heels of resident #10 on at 2:50 p.m. revealed her left heel contained a nickel-sized unstageable , . The bed contained 100% yellow . The skin on her right heel was intact. The memory care director confirmed the findings.

Resident #10's record revealed a facility admission date of . An 1823 health assessment form, dated , did not indicate she had any , . There was no documention that indicated she received hospice services.

A physician's progress note, dated , indicated resident #10 had an acute unstageable , on her left heel. The bed contained 76-100% eschar.

On at 3:53 p.m., the administrator said a new 1823 health assessment form was not completed when resident #10 developed the on her heel, and the facility did not take any steps to find alternate placement when the resident exceeded the continued residency criteria.

Class III

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

Based on observations, record reviews and interviews, the facility failed to document when 1 of 2 sampled residents developed a , (#10), and failed to implement interventions to prevent the worsening of a , for 1 of 2 sampled residents (#10).

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	AL11910126	08/20/2018

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GRAND VILLA OF ALTAMONTE SPRINGS	**433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701**

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

Findings:

With the assistance of the memory care director, observations made of the right and left heels of resident #10 on at 2:50 p.m. revealed her left heel contained a nickel-sized unstageable , ... The . . bed contained 100% yellow . . . . The skin on her right heel was intact. She was not wearing multi podus boots at the time of the observations. The memory care director confirmed the findings.

Resident #10's record revealed a facility admission date of . . . . . An 1823 health assessment form, dated , did not indicate she had any , . There was no documention that indicated she received hospice services. Tthe record did not contain any facility notes regarding the . . . . , including the development, and facility interventions to prevent the worsening of the .

A physician's progress note, dated , indicated resident #10 had an acute unstageable , . . . on her left heel. The . . . bed contained 76-100% eschar and measured 3.4 centimeters (cm.) by 1.4 cm. with no measurable depth.

A physician's order, dated , indicated multi podus boots were prescribed.

A home health start of care assessment, dated , indicated she had an unstageable , . . . to her left heel. The . . . bed contained 50-75% . . . . tissue and measured 2.4 cm. by 2 cm. with a depth of 0.2 cm.

A physician's progress note, dated , indicated the had a small amount of green drainage. The . . . . . , . 500 milligrams twice daily for 10 days was prescribed.

On . . . . . at 3:25 p.m., despite being given the opportunity to provide additional documentation, the memory care director said there was no facility documentation regarding the resident's , and she was unable to locate the resident's multi podus boots, which had been ordered by the physician nineteen days before.

Class II

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

Based on personnel record review and interview, the facility failed to obtain an annual statement from

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

the health care provider for 1 of 4 sampled staff documenting freedom from communicable or ( ) (C).

Findings:

Personnel Record review for caregiver C, hired , did not reveal any documentation to confirm she was free from or communicable .

On at 2:25 PM, the business office manager confirmed the finding.

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure that direct care staff had completed a one-time education course on ( ) and Acquired -Deficiency , ( ), including the topics prescribed in the Florida Statute 381.0035 within 30 days of employment for 1 of 5 sampled staff (B).

Findings:

Personnel record review for caregiver B, hired , did not reveal any documentation to confirm she had obtained a 2 hour training in within 30 days after employment.

On at 2:30 PM, the business office manager confirmed the finding.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility did not maintain a copy of an employment application including references for 1 of 5 sampled staff (B).

Findings:

Personnel record review for caregiver B, hired , did not reveal a copy of an employment application including references available for review.

On at 2:30 PM, the business office manager confirmed the finding.

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

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview, the facility failed to ensure the resident contact conformed to Florida Statute 429.24(3) for 2 or 2 sampled residents (#10 & 14).

Findings:

1. Resident #14's record revealed that page 9 letter C of 42 pages indicated that in the event of a resident's , the agreement would terminate on the first full day after all articles are removed from the apartment. In the event of medical emergency, as determined by the community (facility), the agreement would terminate 14 calendar days after the facility received notice, provided all articles were removed from the apartment by that date.

The contract did not indicate that for medical reasons or in the event of , notices were waived and a prorated refund would be given.

In an interview on at 2 PM, the administrator stated the residents received the refunds correctly, just the wording seemed mixed in.

2. Resident #10's record revealed a facility admission date of . A residency agreement, dated , did not contain a provision that if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

On at 3:33 p.m., the administrator confirmed the findings.

Class

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review, review of the agency's background screening website and interview, the facility failed to maintain the current results of a background screening in the personnel record for 1 of 5 staff who was in a role that required a background screening (B).

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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Personnel record review for caregiver B, hired on . . . . . , revealed an eligible background screening dated and was due on .

Further review of the background screening results revealed it was a copy, and listed the name of another facility and the administrator's name on the top of the results. The results were printed on , before caregiver B's hire date. There was no way to determine if the facility had actually checked the actual screening results of caregiver B before she was hired, instead of using the copy of the screening that was in the record.

Review of the agency's background screening website on at 2:30 PM revealed caregiver B had an eligible screening dated . . . .

On . . . . . at 2:30 PM, the business office manager confirmed the finding.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

amended to add complaint #2018012545 conducted on with no deficiencies cited for the complaint.

****

Relicensure survey was conducted on . Grand Villa Altamonte Springs, License #7803, had deficiencies found at the time of the visit.

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

Based on observations, record reviews and interviews, the facility failed to ensure 1 of 2 sampled residents who experienced a significant change had a -to- medical examination by a health care provider that was recorded on a health assessment form 1823 (#10), and retained a resident who exceeded the continued residency criteria in an Assisted Living Facility (ALF) (#10).

Findings:

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Resident #10's record revealed a facility admission date of . An 1823 health assessment form, dated , did not indicate she had any , . There was no documention that indicated she received hospice services.

A physician's progress note, dated , indicated resident #10 had an acute on her left heel. The bed contained 76-100% eschar.

On at 3:53 p.m., the administrator said a new 1823 health assessment form was not completed when resident #10 developed the on her heel, and the facility did not take any steps to find alternate placement when the resident exceeded the continued residency criteria.

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on personnel record review and interview, the facility failed to obtain an annual statement from the health care provider for 1 of 4 sampled staff documenting freedom from communicable or ( ) (C).

Findings:

Personnel Record review for caregiver C, hired , did not reveal any documentation to confirm she was free from or communicable .

On at 2:25 PM, the business office manager confirmed the finding.

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Class

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

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Unclassified