STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	R 09/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELLENT GRANDPARENTS PLACE, INC	**13342 SW 6 STREET MIAMI, FL 33184**

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 09/05/2018 & 09/11/2018. Excellent Grandparents place inc. with a limited mental health component, license #11639, had the following deficiencies identified at the time of the survey:

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

Based on record review, and interview, the facility failed to maintain a written record, updated as needed, of any significant changes or illness for one out of six (Resident #1) sampled residents.

Findings included:

Review of Resident #1's record showed she was admitted to the facility on and had a diagnosis of , Type 2 , Parkinson , and . The Health Assessment dated indicated she required supervision with dressing, eating, and needed assistance with the rest of activities of daily living.

Hospital record review showed that Resident #1 and hit the left side of her head causing a small laceration to the area on .

Interview conducted with at 9:00 AM, Administrator stated that Resident #1 did not feel well and was transferred to the hospital. She was admitted to the hospital and then to a rehabilitation center.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review, and interview, the facility failed to file an adverse incident report with the Agency within one business day and fifteen days for one out of six sampled residents (Resident #1).

Findings included:

Review of Resident #1's record document she was admitted to the facility on and had a diagnosis of , Type 2 , Parkinson , and . The Health Assessment dated indicated she required supervision with dressing, eating, and needed

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assistance with the rest of activities of daily living.

Hospital record review showed that Resident #1 and hit the left side of her head causing a small laceration to the area on .

Review of facility's record showed that the facility did not file and submit an incident report to the agency within one and within fifteen days of the incident.

Interview conducted with at 9:00 AM, Administrator stated that Resident #1 did not feel well and was transferred to the hospital. She was admitted to the hospital and them to a rehabilitation center.

Class III