STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968003	**03/18/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **964 S HARBOUR CITY BLVD MELBOURNE, FL 32901**	

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

0000 - Initial Comments

Relicensure survey was conducted on . . . . Grand Villa of Melbourne licence # 11991 had deficiencies found at the time of the visit

RELICENSURE

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

Based on record review and interviews the facility retained 1 of 4 sampled residents (#8) who developed an un-stageable , ... , therefore exceeded assisted living facility residency criteria.

Findings:

During the facility entrance the Director of Nursing identified resident #8 as receiving home health services for a to the heel.

Health assessment report listed diagnoses of , , ( ), , ... ( ), . . . , , , ... Supervision was needed with ambulation, bathing, . and toileting. He was independent with eating and grooming. The health assessment indicated a "healing" . . . , ...

Home healthcare start of care orders dated . . . . indicated skilled nursing to teach/treat left heel un-stageable . The description of the was round and , measured 5 x 6 x 0.1 centimeters.

Interview on . . . . at 3:10 PM with the home health nurse said that she saw the . . . . earlier that day and looked like a that never , and the concern was that when pressed down it was "boggy". Observations of the resident's heel noted a round . . . . area, the home health nurse pressed down on the and said " it is boggy (spongy)".

Continued review revealed no written evidence indicated the facility was aware of the pressure of an un-stageable pressure and that he had been given notice of discharge. A facility note dated . . that indicated resident had open area on left heel covered, was the only documentation available regarding the , ...

In an interview on . . . . at 3:30 PM the Director of Nursing offered no comment.

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Class III

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

Based on observations, interview and record review the facility failed to ensure it provided care and services appropriate to the needs of 1 of 2 sampled residents (#8) who developed an un-stageable , .

Findings:

During the facility entrance on the Director of Nursing identified resident # 8 as receiving home health services for a to the heel.

Health assessment report listed diagnoses of , , , , and . Supervision was needed with ambulation, bathing, and toileting. The resident was independent with eating and grooming. The health assessment indicated a "healing" , .

Facility note dated, , indicated the resident returned after a hospital stay. An undated health assessment report indicated there were no , .
Facility care plan, dated , indicated there were no , . The resident only needed , , , services.

Home health care, start of care orders dated , indicated skilled nursing to treat left heel un-stageable . The description of the was round and , (English Oxford dictionary of tissue due to injury or failure of supply), measured 5 by 6 by 0.1 centimeters.

On at 3:10 PM, with the home health nurse said she saw the earlier that day, it looked like a that never , , and the concern was that when pressed down it was "boggy". Observations of the resident's heel noted a round area. The home health nurse pressed down on the and said, "It is boggy (spongy)".

Record review did not reveal any written evidence of measures the facility put in place, and instructions given to caregivers, regarding the care of the resident who was prone to the development of a , . There were no facility notes that indicated the facility was aware of the , . A facility note dated , indicated the resident had an open area on the left heel covered (no description in

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notes). This was the only documentation available regarding the , .

In an interview, on at 3:30 PM the Director of Nursing offered no comment.

Class II

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (D) had a statement from a health care provider documenting freedom from Communicable from a health care provider that had been conducted no earlier than 6 months before submission of the statement.

Findings:

On at 2:45 PM the business office manager said the current administrator (staff D) was a corporate employee and was added on as the administrator. She said staff D was the previous acting administrator until another one was hired. When the most recent administrator's employment ended, staff D returned as the acting administrator again.

Personnel record review for staff D revealed the last documentation to confirm freedom from communicable was dated (more than 6 months).

On at 3 PM, the business office manager confirmed the findings.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview, the facility had no documentation to confirm the administrator had participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings:

Personnel record review for staff D, the administrator revealed there was no documentation to confirm she had participated in 12 hours of continuing education in topics related to assisted living every 2 years.

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On at 2 PM, the business office manager said the administrator had obtained the training and the documentation was not in her record.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 4 sampled staff (D) received the required in-service training.

Findings:

Personnel record review for staff D the administrator, hired revealed there was no documentation to confirm she received training's regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and the facility's resident elopement response policies.

On at 3 PM, the business office manager confirmed the findings.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (D) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel record review for staff D, the administrator hired revealed there was documentation in her record to confirm she had received a one hour training in the facility's policies and procedures.

On at 3 PM, the business office manager confirmed the findings.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on personnel record review, the agency's background screening website and interview, the facility did not initiate all criminal history checks through the clearinghouse before employment for 1 of 4 sampled staff (D).

Findings:

On . . . . at 2:45 PM the business office manager said the current administrator (staff D) was a corporate employee and was added on as the administrator. She said staff D was the previous acting administrator until another one was hired. When the most recent administrator's employment ended, staff D returned as the acting administrator again.

Review of the facility's background screening clearinghouse roster on at 2:40 PM, revealed the employment end date for staff D was 11/14/18. It was not updated when staff D was made the acting administrator.

Review of the agency's background screening website on at 2:40 PM, revealed there was an eligible background screening result dated . . . for the administrator.

On . . . . at 3 PM, the business office manager confirmed the findings.

Unclassified