STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967504	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND MARY'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4828 EVANSTON ROAD JACKSONVILLE, FL 32208**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Grand Mary's House on . . . . . The provider had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and staff interview the facility failed to protect the rights of two residents (#4 and #5) out of five residents, by not ensuring their need for privacy, when they used the portable commode in their shared room.

The findings include:

During the biennial licensure survey on an observation of Resident #4's and #5's room revealed two portable commodes placed next to each resident's bed (Photographic evidence obtained).

During an interview with the administrator on at 10:10 AM, she stated that Resident #4 and #5 do use their bedside commodes because there is only one bathroom for all five residents. If one resident is in the bathroom and another resident needs to use the toilet, they can use the commode in their room. Every resident in the facility has a bed side commode in their room. She acknowledged that there was no provision of privacy for the use of bed side commode in the residents' room.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(l)

Based on employee record review and staff interview the facility failed to conduct elopement drills for all staff (Employees A, B, C and D) twice per year.

The findings include:

Review of the employee files for Employees A, B, C and D revealed no evidence of participation in facility initiated elopement drills twice per year.

During an interview with Employee B on at 1:15 PM, she stated that Resident # 2 goes out and usually comes . . . on her own. "We have had to go look for her because she doesn't sign out or tell us when she's leaving. She doesn't want to run away, she just wants to go to the store and get a

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soda or something". She indicated that she thinks that when they look for Resident #2 they are conducting drills. After discussion she explained she has not participated in a drill.

During an interview with the administrator on at 9:30 AM, she stated that Resident #2 likes to leave the property without telling her or staff where she is going. They have had to go look for her.

During an interview with the administrator on at 3:10 PM she stated that she has not conducted any elopement drills for the staff. She did not know that all staff had to be drilled two times per year.

Class III

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

Based on personnel file review and staff interview the facility failed to ensure the administrator's file contained proof of passing the Core Training Competency Evaluation examination.

The findings include:

Review of the personnel file of the administrator revealed no proof of passing the Core Competency Examination test.

During an interview with administrator at 3:10 PM, she reviewed her personnel file and then stated that she does not have proof of passing the competency test for the CORE training. She will have to contact the State and get the competency test score/certificate.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on employee personnel file review and staff interview, the facility failed to ensure that two of three sampled employees (B and C) received the required additional two hours of training in assistance with self-administration of medication for unlicensed staff that focuses on assistance with use of syringes and pens, , continuous positive airway pressure (CPAP) devices, stockings, , bags and measurement of vital signs.

The findings include:

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During an interview with Employee B on at 1:15 PM, she stated that she has not had any training on the use of stockings, bags or .

Review of the employee files for Employees B and C revealed no training certificates for the required 2 hour update on assistance with self-administration of medication in the areas of use of syringes and pens that are prefilled for self-injection; assistance with ; use of for testing; assistance with and continuous positive airway pressure (CPAP) devices; applying and removing stockings and hosiery; placement and removal of bags, and, measurement of vital signs.

During an interview with the administrator on at 3:10 pm, she stated that the unlicensed staff working at this facility have not had the 2 hour update training required after by the State for assistance with syringes and pens that are prefilled for self-injection; assistance with ; use of for testing; assistance with and continuous positive airway pressure (CPAP) devices; applying and removing stockings and hosiery; placement and removal of bags, and, measurement of vital signs. She stated she did not know that there was a new training requirement for unlicensed staff since , 2018.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on personnel file review and staff interview the facility failed to ensure the administrator's file contained proof of 2 hours of Nutrition and Food Service continuing education annually.

The findings include:

Review of the personnel file of the administrator revealed no proof of 2 hours of Nutrition and Food Service continuing education annually.

During an interview with administrator at 3:10 PM on She reviewed her personnel file and then stated that she does not have the 2 hours of continuing education annually for Nutrition and Food Service.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

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Based on observation, facility document review and staff interview the facility failed to ensure the facility menus had been reviewed annually by a licensed or registered dietician, a licensed nutritionist, a registered dietetic technician supervised by a licensed or registered dietician or a licensed nutritionist. The facility failed to maintain 6 months of documented substitutions to the menu.

The findings include:

During the biennial licensure survey on the menus were observed posted on a bulletin board in the dining area of the facility and also lying on the counter in the kitchen. The date on the menus was . The menus were signed by a registered dietician. Each menu was developed for one week of a four week cycle (Photographic evidence obtained).

During an interview with Employee B on at 10:10 AM she stated that the menus on the bulletin board and the ones on the counter were the ones she uses to prepare the meals.

During an interview with the administrator on at 3:10 PM she stated that the menus in the kitchen were the only menus she has. She indicated that she understood that the menus were to be reviewed annually by a registered dietician or licensed nutritionist.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility document review, observation and staff interview the facility failed to develop a policy and procedure for the implementation of the emergency environmental control plan (EECP). The facility failed to ensure the residents and/or their representative had been notified of the EECP within five business days of implementation of the plan. The facility failed to ensure a functioning monoxide detector was available. The facility failed to ensure a minimum of 48 hours of fuel was stored on site. This has the potential to affect all residents of the facility during the event of power loss.

The findings include:

Review of the facility EECP dated revealed the facility had developed a plan in the event of loss of primary electrical power in the facility. The plan included the use of a portable generator with 100 gallons of propane fuel to power a window air conditioning unit to maintain an air temperature of 81 degrees or less for up to 96 hours in one room of the facility.

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During an interview with the administrator on at 3:10 PM she was asked if she had a policy and procedure for the EECP. She stated she did not have one and asked what it should say. When asked if she had notified the residents and/or their representative of the implementation of the plan, she stated she had not done so. When asked if she had a functioning monoxide detector, she asked for an explanation as to what it was and why it was needed. After explanation, she stated she had one. She went to the closet and pulled out an unopened package that contained a monoxide detector. She opened the package took out the batteries and put them in the unit. She tested the unit and it did function. She then took the batteries out of the unit and put it in the package. She indicated she would get it out and use it when she had the generator running.

During an interview with the administrator on at 3:30 PM she was asked what type of fuel she was going to use to run the generator. She stated it used gasoline. She unlocked the paddle lock on a fixed wooden container built next to the house that contained the portable generator. She was asked to explain how the generator was going to get fuel during an emergency power outage and where the fuel was located. She stated the fuel was in the fixed propane tank next to the wooden container and if it was needed the fuel would be "piped" from the tank to the generator and the generator would be plugged into the air conditioner unit in the window.

Observation of the fuel tank revealed a large cylindrical, rusted, gray propane tank that appeared old. The tank stood approximately and had no indicator gauge attached to it. There was no piping or hose attached to the tank.

The administrator was asked how the fuel would be "piped" to the generator. She stated the hose was "in storage". She stated there was 100 gallons of fuel in the tank. She was asked how she could tell by just looking at the tank since it had no indicator gauge on it and she did not reply.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on employee personnel file reviews and staff interviews the facility failed to ensure the Attestation of Compliance with Background Screening Requirements, Agency for Health Care Administration (AHCA) form 3100-0008 was signed by three employees (B, C and D) out of four sampled employees and retained in their personnel files.

The findings include:

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Review of the personnel files for Employees B, C and D revealed no Attestation of Compliance with Background Screening Requirements, AHCA form 3100-0008 in their individual files.

During an interview with the administrator on [redacted] at 3:10 PM, she reviewed the employee files and did not produce the form. She indicated she was not sure what the form looked like and what it was for. After explanation, she confirmed she would need to get the form and have the employees sign it and put it in their files.

Unclassified