

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

2016 FEB -2 P 1:37

Petitioner,

v.

AHCA No. 2015011610

SCG GRACEWOOD, LLC d/b/a GRACEWOOD
REHABILITATION AND NURSING CARE,

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing. The Respondent received the Administrative Complaint and Election of Rights form (Ex. 2), but did not timely file the Election of Rights form or other hearing request with the Agency Clerk. The Respondent thus waived the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint. Cann v. Department of Children and Family Services, 813 So.2d 237 (Fla. 2d DCA 2002).

Based upon the foregoing, it is **ORDERED**:

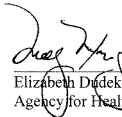
2. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.

3. The Respondent shall pay the Agency \$2,000.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Central Intake Unit
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 61
Tallahassee, Florida 32308

4. Conditional licensure status is imposed on the Respondent beginning on October 5, 2015.

ORDERED at Tallahassee, Florida, on this 2 day of February, 2016.



Elizabeth Dudek, Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 2nd day of February, 2016.



Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 3
Tallahassee, Florida 32308
Telephone: (850) 412-3630

Facilities Intake Unit Agency for Health Care Administration (Electronic Mail)	Central Intake Unit Agency for Health Care Administration (Electronic Mail)
Thomas J. Walsh II, Senior Attorney Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Randy Keene, Administrator SCG Gracewood, LLC d/b/a Gracewood Rehabilitation and Nursing Care 8600 US Highway 19 North Pinellas Park, Florida 33782 (U.S. Mail)

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

Case Nos. 2015011610

SCG GRACEWOOD, LLC d/b/a GRACEWOOD
REHABILITATION AND NURSING CARE,

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against SCG Gracewood, LLC d/b/a Gracewood Rehabilitation and Nursing Care (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2015), and alleges:

NATURE OF THE ACTION

This is an action to impose administrative fines in the amount of two thousand dollars (\$2,000.00) and imposition of conditional licensure commencing October 5, 2015, based upon Respondent being cited for two (2) uncorrected state Class III deficient practices.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 120.60 and 400.062, Florida Statutes (2015).
2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of nursing homes and enforcement of applicable federal regulations, state statutes and rules governing skilled nursing

facilities pursuant to the Omnibus Reconciliation Act of 1987, Title IV, Subtitle C (as amended), Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code.

4. Respondent operates a one hundred twenty (120) bed nursing home, located at 8600 US Highway 19 North, Pinellas Park, Florida 33782, and is licensed as a skilled nursing facility license number 1538096.

5. Respondent was at all times material hereto, a licensed nursing facility under the licensing authority of the Agency, and was required to comply with all applicable rules, and statutes.

COUNT I

6. The Agency re-alleges and incorporates paragraphs one (1) through five (5), as if fully set forth herein.

7. That pursuant to Florida law, each resident admitted to the nursing home facility shall have a plan of care. The plan of care shall consist of: (a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential. (b) A preliminary nursing evaluation with physician's orders for immediate care, completed on admission. (c) A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment shall be: 1. Reviewed no less than once every 3 months, 2. Reviewed promptly after a significant change in the resident's physical or mental condition, 3. Revised as appropriate to assure the continued accuracy of the assessment. Rule 59A-4.109(1), Florida Administrative Code.

8. That on August 20, 2015, the Agency completed an annual survey of the Respondent

facility.

9. That based upon the review of records, observation, and interview, Respondent failed to ensure each resident had a complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity related to dental care and hygiene for one (1) of forty (40) sampled residents, the same being contrary to the requirements of law.

10. That Petitioner's representative observed resident number one hundred thirty (130) in the secured unit day room on August 18, 2015, at 11:46 AM, and noted the resident had discolored, broken, and missing teeth.

11. That Petitioner's representative reviewed Respondent's clinical records for resident number one hundred thirty (130) during the survey and noted as follows:

- a. The resident was admitted to the facility on December 5, 2013, and readmitted on July 8, 2014.
- b. An Interim Admissions Care Plan, dated July 7, 2015, documented that the resident had missing/Broken teeth.
- c. A Nursing Evaluation form, dated August 3, 2015, documented that the resident's oral status was noted as "Some Missing Teeth."
- d. The resident's last comprehensive Minimum Data Set (MDS) assessment, dated July 14, 2015, noted as follows:
 1. The resident required total dependence with two person assistance with personal hygiene.
 2. It also noted, in Section "L," that the resident had no oral or dental concerns present.

12. That Petitioner's representative interviewed Respondent's certified nursing assistant "M"

on August 19, 2015, at approximately 10:44 AM, regarding resident number one hundred thirty (130) and the nursing assistant indicated as follows:

- a. She does not and has never brushed the resident's teeth with a toothbrush because she is "... scared that they will break off."
- b. She stated that the resident's teeth are "really bad."

13. That Petitioner's representative interviewed Respondent's Minimum Data Set coordinator on August 19, 2015, at approximately 1:00 PM regarding resident number one hundred thirty (130) and the coordinator indicated as follows:

- a. The resident's Minimum Data Set assessment dated July 14, 2015, was completed by her assistant.
- b. The resident's Minimum date set assessment noted that the resident had no dental concerns.
- c. When asked if she ever observed or was aware of the resident's current dental status, she stated that she would have to go look at the resident.

14. That Respondent's Minimum Data Set coordinator, on August 19, 2015, at approximately 1:15 PM, indicated to Petitioner's representative that resident number one hundred thirty (130) has missing teeth, has "a lot" of decayed teeth, and she confirmed that the resident's Minimum Data Set assessment was inaccurate.

15. That above reflects Respondent's failure to ensure each resident had a complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity related to dental care and hygiene.

16. That the Agency determined that this deficient practice will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to

compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services and cited Respondent for an isolated State Class III deficiency.

17. That Florida law provides that cited deficient practice shall be corrected by the provider within thirty (30) days, Section 408.811 Florida Statutes (2015).

18. That on October 5, 2015, the Agency completed a re-visit to the August 20, 2015 survey of the Respondent facility.

19. That based upon the review of records, observation, and interview, Respondent failed to ensure each resident had a complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity related to dental care and hygiene, the same being contrary to the requirements of law.

20. That Petitioner's representative observed resident number one hundred thirty-one (131) on October 5, 2015, at 3:20 PM, and noted as follows:

- a. The resident was in the hallway sitting in a wheelchair.
- b. The resident indicated that the resident had broken teeth in the mouth.
- c. The resident opened the resident's mouth and the teeth were observed to be discolored and broken down into the gums.

21. That Petitioner's representative reviewed Respondent's records related to resident number one hundred thirty-one (131) during the survey and noted as follows:

- a. The resident was admitted to the facility on December 31, 2013, and readmitted on February 6, 2015.
- b. A Dental Assessment, completed September 2, 2015, noted the following oral

status check list: Edentulous; Oral Abscess; Mouth Pain; Inflamed Gums; Bleeding Gums; Dental Caries; Ulcerations/Lesions; Partial Bridge; Dental Implants; Some Missing Teeth; Loose/Broken Teeth; Other; Dentures (Top, Bottom, Present, yes, no); or none of the above.

- c. The Dental Assessment was checked that the resident presented with "none of the above" dental concerns.
- d. The Dietary Questions assessments, dated May 7 and September 2, 2015, noted the following oral status check list: broken or loosely fitted denture; no natural teeth or tooth fragments; abnormal mouth tissue; cavity or broken natural teeth; inflamed/bleeding gums or loose teeth; pain, discomfort, difficulty chewing; unable to exam; none of the above.
- e. Both of the above referenced assessments revealed that the resident had none of the above dental concerns.
- f. The resident's medical record revealed no accurate assessment or plan of care for the resident's current dental status.

22. That Petitioner's representative interviewed Respondent's Minimum Data Set coordinator on October 5, 2015, at approximately 3:43 PM regarding resident number one hundred thirty-one (131) and the coordinator indicated as follows:

- a. The last comprehensive Annual Minimum Data Set (MDS) assessment for the resident, dated June 3, 2015, noted that the resident presented with no dental concerns.
- b. In September 2015, the staff checked everyone's oral conditions with a face-to-face audit and if the resident had been assessed to present with concerns, she

would have been informed and would have done an amended Minimum Data Set assessment to reflect dental needs and created a care plan based on that assessment.

c. She confirmed that she was not told that the resident had dental concerns.

23. That Petitioner's representative interviewed Respondent's director of nursing on October 5, 2015, at approximately 3:50 PM, regarding resident number one hundred thirty-one (131) and the director indicated as follows:

a. The Nursing Management Team conducted the assessments of one hundred percent (100%) of all residents related to their dental status.

b. If a resident presented with dental concerns, it was placed on the audit sheets.

c. The second part of the audit consisted of the Minimum Data Set Coordinator reviewing all the nursing assessment to make sure that the Minimum Data Set assessment was accurate.

d. She confirmed that the audit sheet dated September 18, 2015, noted that the resident was assessed to have "Few teeth."

24. That Petitioner's representative and Respondent's director of nursing went to see resident number one hundred thirty-one (131) on December 5, 2015, at PM, and noted as follows:

a. The resident stated, "It's hard to chew sometimes. The roots are in there."

b. The director of nursing confirmed that the resident's teeth were broken down to the gums, missing, and decayed, and stated that she was not sure which of the nursing management team completed the audit incorrectly.

c. The director indicated that she had in-serviced the team on how to conduct an accurate dental assessment, but did not make them sign next to the assessments.

25. That above reflects Respondent's failure to ensure each resident had a complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity related to dental care and hygiene.

26. That the Agency determined that this deficient practice will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services and cited Respondent for an isolated State Class III deficiency.

27. That the same constitutes an uncorrected deficiency as defined by law.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of one thousand dollars (\$1,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to §§ 400.23(8)(c) and 400.102, Florida Statutes (2015).

COUNT II

28. The Agency re-alleges and incorporates paragraphs one (1) through five (5), as if fully set forth herein.

29. That pursuant to Florida law, Every licensed facility shall comply with all applicable standards and rules of the agency and shall ... e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric

outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day. § 400.141(1)(e), Florida Statutes (2015).

30. That on August 20, 2015, the Agency completed an annual survey of the Respondent facility.

31. That based upon the review of records, observation, and interview, Respondent failed to ensure access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee where dental care and services appropriate to resident needs were not provided for one (1) of two (2) sampled residents, the same being contrary to the requirements of law.

32. That Petitioner's representative observed resident number one hundred thirty (130) in the secured unit day room on August 18, 2015, at 11:46 AM, and noted the resident had discolored, broken, and missing teeth.

33. That Petitioner's representative reviewed Respondent's clinical records for resident number one hundred thirty (130) during the survey and noted as follows:

- a. The resident was admitted to the facility on December 5, 2013, and readmitted on July 8, 2014.
- b. An Interim Admissions Care Plan, dated July 7, 2015, documented that the resident had missing/Broken teeth.
- c. A Nursing Evaluation form, dated August 3, 2015, documented that the resident's oral status was noted as "Some Missing Teeth."
- d. The resident's Care Plan, dated December 18, 2013, and last updated August 11, 2015, documented as follows:

1. The resident is dependent on staff for daily care needs related to the resident's diagnoses.
 2. The care plan noted the following approach: Provide oral hygiene Q a.m. and PRN (every morning and as needed).
 3. The Pictorial Care utilized by the direct care staff for the resident, no date, was conducted and the area that was designated for Oral Hygiene was blank and not completed related to the type of oral hygiene the resident required.
- e. Absent from nursing notes, from August 3 through 18, 2015, was any indication that the resident refused oral care.
 - f. Absent from the resident's medical record was any documentation that indicated that the resident had received dental consultation or evaluation or received any services from the dentist or dental hygienist since the resident's original admission of December 5, 2013.
34. That Petitioner's representative reviewed Respondent's list of residents scheduled to receive dental services for August 2015, and resident number one hundred thirty (130) was not on the list
35. That Petitioner's representative interviewed Respondent's certified nursing assistant "M" on August 19, 2015, at approximately 10:44 AM, regarding resident number one hundred thirty (130) and the assistant indicated as follows:
- a. The resident requires total assistance with Activities of Daily Living (ADL) care and that the 11:00 p.m.-7:00 a.m. shift staff gets the resident up in the morning and provides morning care.

- b. She does not and has never brushed the resident's teeth with a toothbrush because she is "... scared that they will break off."
- c. She will use a mouth swab sometimes, but this is not regularly done after meals.
- d. She stated the resident's teeth are "really bad."

36. That Petitioner's representative telephonically interviewed Respondent's certified nursing assistant "N" on August 19, 2015, at approximately 10:56 AM, regarding resident number one hundred thirty (130) and the assistant indicated as follows:

- a. She is assigned to care for the resident on the 11:00 p.m.-7:00 a.m. shift and she gets the resident up.
- b. The resident has always refused to get the resident's teeth brushed.
- c. She has never physically brushed the resident's teeth with a tooth brush due to this refusal.

37. That Petitioner's representative interviewed Respondent's nurse "L" on August 19, 2015, at approximately 11:20 AM, regarding resident number one hundred thirty (130) and the nurse indicated as follows:

- a. She confirmed that the Kardex was not complete to inform the direct care staff of the resident's dental needs.
- b. She confirmed that if a resident refuses to get their teeth brushed that the aide should notify the nurse and the nurse should document the refusal.
- c. She confirmed that there was nothing documented related to the resident refusing to get the resident's teeth brushed.

38. That Petitioner's representative interviewed Respondent's social service director on August 19, 2015, at approximately 11:26 AM, regarding resident number one hundred thirty

(130) and the director indicated as follows:

- a. The hygienist provides services multiple times throughout the month.
- b. The dentist /hygienist team provide services twice a month.
- c. He confirmed that resident number one hundred thirty (130) was not on the list to receive any dental services.

39. That Petitioner's representative interviewed Respondent's Minimum Data Set coordinator on August 19, 2015, at approximately 1:00 PM, regarding resident number one hundred thirty (130) and the coordinator indicated as follows:

- a. The resident's Minimum Data Set assessment dated July 14, 2015 was completed by her assistant.
- b. The July 2015 assessment noted that the resident had no dental concerns.
- c. When asked if she ever observed or was aware of the resident's current dental status, she stated that she would have to go look at the resident.

40. That Respondent's Minimum Data Set coordinator, on August 19, 2015, at approximately 1:15 PM, indicated to Petitioner's representative that resident number one hundred thirty (130) has missing teeth, has "a lot" of decayed teeth, and she confirmed that the resident's Minimum Data Set assessment was inaccurate.

41. That Petitioner's representative interviewed Respondent's director of nursing on August 19, 2015, at approximately 1:55 PM, regarding resident number one hundred thirty (130) and the director indicated that reviewed the resident's thinned medical record dated back to the resident's original admission and was not able to find any documentation that the resident was scheduled to receive dental services.

42. That above reflects Respondent's failure to ensure access of the facility residents to

dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee where dental care and services appropriate to resident needs were not provided.

43. That the Agency determined that this deficient practice will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services and cited Respondent for an isolated State Class III deficiency.

44. That Florida law provides that cited deficient practice shall be corrected by the provider within thirty (30) days, Section 408.811 Florida Statutes (2015).

45. That on October 5, 2015, the Agency completed a re-visit to the August 20, 2015 survey of the Respondent facility.

46. That based upon the review of records, observation, and interview, Respondent failed to ensure access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee where dental care and services appropriate to resident needs were not provided for one (1) of sixteen (16) sampled residents, the same being contrary to the requirements of law.

47. That Petitioner's representative observed resident number one hundred thirty-one (131) on October 5, 2015, at 3:20 PM, and noted as follows:

- a. The resident was in the hallway sitting in a wheelchair.
- b. The resident indicated that the resident had broken teeth in the mouth.

- c. The resident opened the resident's mouth and the teeth were observed to be discolored and broken down into the gums.
48. That Petitioner's representative reviewed Respondent's records related to resident number one hundred thirty-one (131) during the survey and noted as follows:
- a. The resident was admitted to the facility on December 31, 2013, and readmitted on February 6, 2015.
 - b. A Dental Assessment, completed September 2, 2015, noted the following oral status check list: Edentulous; Oral Abscess; Mouth Pain; Inflamed Gums; Bleeding Gums; Dental Caries; Ulcerations/Lesions; Partial Bridge; Dental Implants; Some Missing Teeth; Loose/Broken Teeth; Other; Dentures (Top, Bottom, Present, yes, no); or none of the above.
 - c. The Dental Assessment was checked that the resident presented with "none of the above" dental concerns.
 - d. The Dietary Questions assessments, dated May 7 and September 2, 2015, noted the following oral status check list: broken or loosely fitted denture; no natural teeth or tooth fragments; abnormal mouth tissue; cavity or broken natural teeth; inflamed/bleeding gums or loose teeth; pain, discomfort, difficulty chewing; unable to exam; none of the above.
 - e. Both of the above referenced assessments revealed that the resident had none of the above dental concerns.
 - f. The resident's medical record revealed no accurate assessment or plan of care for the resident's current dental status.
49. That Petitioner's representative interviewed Respondent's social service director on

October 5, 2015, at approximately 3:31 PM, regarding resident number one hundred thirty-one (131) and the director indicated as follows:

- a. The facility's process is that there is a Social Services book on each unit and if a resident needs to be seen by the dentist or any other specialty doctor, the staff are expected to place the resident on the list.
- b. He also will let both units know the day before the dentist or the other specialty doctors come in to confirm that no other residents need to be added to the list for immediate treatment.
- c. The Social Service book on each unit is checked weekly for the residents to be placed on the dental list.
- d. The Interdisciplinary Team discussed all referrals at the stand up and stand down meetings daily.
- e. One hundred percent (100%) of the residents were audited to ensure that the dental assessments were correct and he was scheduling residents that needed dental services based on those assessments.
- f. He confirmed that resident number one hundred thirty-one (131) was not on the list to see the dentist.
- g. He stated, "I will put him on the list right now."
- h. He checked the dental list for the last seven (7) months and confirmed that the resident had no referrals made by nursing and had not been placed on the list to see the dentist.

50. That Petitioner's representative interviewed Respondent's Minimum Data Set coordinator on October 5, 2015, at approximately 3:43 PM regarding resident number one hundred thirty-one

(131) and the coordinator indicated as follows:

- a. The last comprehensive Annual Minimum Data Set (MDS) assessment for the resident, dated June 3, 2015, noted that the resident presented with no dental concerns.
- b. In September 2015, the staff checked everyone's oral conditions with a face-to-face audit and if the resident had been assessed to present with concerns, she would have been informed and would have done an amended Minimum Data Set assessment to reflect dental needs and created a care plan based on that assessment.
- c. She confirmed that she was not told that the resident had dental concerns.

51. That Petitioner's representative interviewed Respondent's director of nursing on October 5, 2015, at approximately 3:50 PM, regarding resident number one hundred thirty-one (131) and the director indicated as follows:

- a. The Nursing Management Team conducted the assessments of one hundred percent (100%) of all residents related to their dental status.
- b. If a resident presented with dental concerns, it was placed on the audit sheets.
- c. They put in a consult and/or referral for dental services based on the assessment audit results.
- d. The second part of the audit consisted of the Minimum Data Set Coordinator reviewing all the nursing assessment to make sure that the Minimum Data Set assessment was accurate.
- e. She confirmed that the audit sheet dated September 18, 2015, noted that the resident was assessed to have "Few teeth."

52. That Petitioner's representative and Respondent's director of nursing went to see resident number one hundred thirty-one (131) on December 5, 2015, at PM, and noted as follows:

- a. The resident stated, "It's hard to chew sometimes. The roots are in there."
- b. The director of nursing confirmed that the resident's teeth were broken down to the gums, missing, and decayed, and stated that she was not sure which of the nursing management team completed the audit incorrectly.
- c. The director indicated that she had in-serviced the team on how to conduct an accurate dental assessment, but did not make them sign next to the assessments.

53. That above reflects Respondent's failure to ensure access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee where dental care and services appropriate to resident needs were not provided.

54. That the Agency determined that this deficient practice will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services and cited Respondent for an isolated State Class III deficiency.

55. That the same constitutes an uncorrected deficiency as defined by law.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of one thousand dollars (\$1,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to §§ 400.23(8)(c) and 400.102, Florida Statutes (2015).


COUNT III

56. The Agency re-alleges and incorporates paragraphs one (1) through five (5) and Counts I and II of this Complaint as if fully set forth herein.

57. Based upon Respondent's citation of two (2) State Isolated Class III deficiencies, it was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional licensure status under § 400.23(7)(a), Florida Statutes (2015).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2015) commencing October 5, 2015.

Respectfully submitted this 10 day of December, 2015.



Thomas J. Walsh II, Esquire
Fla. Bar. No. 566365
Agency for Health Care Admin.
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
727.552.1947 (office)
walsht@ahca.myflorida.com

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2015), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.


Respondent is notified that it has a right to request an administrative hearing pursuant to Section 120.569, Florida Statutes. Respondent has the right to retain, and be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights.

All requests for hearing shall be made to the attention of: *The Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Bldg. #3, MS #3, Tallahassee, Florida, 32308, (850) 412-3630.*

RESPONDENT IS FURTHER NOTIFIED THAT A REQUEST FOR HEARING MUST BE RECEIVED WITHIN 21 DAYS OF RECEIPT OF THIS COMPLAINT OR WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No. 7010 0780 0001 9835 7165 Randy Keene, Administrator, SCG Gracewood, LLC d/b/a Gracewood Rehabilitation and Nursing Care, 8600 US Highway 19 North, Pinellas Park, Florida 33782, and by Regular U.S. Mail to Daniel S. Schuman, Registered Agent for SGC Gracewood, LLC, 1240 Marbella Plaza Drive, Tampa, Florida 33619, this 11 day of December, 2015



Thomas J. Walsh II, Esquire
Fla. Bar. No. 566365
Agency for Health Care Admin.
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
727.552.1947 (office)
walsht@abca.myflorida.com

Copy furnished to:
Patricia R. Cauffman
Field Office Manager
Agency for Health Care Admin.

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: SCG Gracewood, LLC d/b/a
Gracewood Rehabilitation and Nursing Care

AHCA No: 2015011610

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed agency action by the Agency for Health Care Administration (AHCA). The title may be Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint. Your Election of Rights may be returned by mail or by facsimile transmission, **but must be filed within 21 days** of the day that you receive the attached proposed agency action. **If your Election of Rights with your selected option is not received by AHCA within 21 days of the day that you received this proposed agency action, you will have waived your right to contest the proposed agency action and a Final Order will be issued.**

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes, and Chapter 28, Florida Administrative Code.)

Please return your **Election of Rights** to this address:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Telephone: 850-412-3630 Facsimile: 850-921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed agency action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. The name, address, telephone number, and facsimile number (if any) of the Respondent.
2. The name, address, telephone number and facsimile number of the attorney or qualified representative of the Respondent (if any) upon whom service of pleadings and other papers shall be made.
3. A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.
4. A statement of when the respondent received notice of the administrative complaint.
5. A statement including the file number to the administrative complaint.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License Type: _____ (ALF? Nursing Home? Medical Equipment? Other Type?)

Licensee Name: _____ License Number: _____

Contact Person: _____ Title: _____

Address: _____
Number and Street City Zip Code

Telephone No. _____ Fax No. _____ E-Mail (optional) _____

I hereby certify that I am duly authorized to submit this Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RECEIVED
GENERAL COUNSEL

DEC -7 2015

Agency for Health
Care Administration

November 30, 2015

Randy Keene, Administrator
Gracewood Rehabilitation And Nursing Care
8600 Us Hwy 19 N
Pinellas Park, FL 33782

File Number: 55249
License Number: 1538096
Provider Type: Nursing Home

RE: 8600 Us Hwy 19 N, Pinellas Park

Dear Administrator:

The enclosed Nursing Home license with license number 1538096 and certificate number 19769 is issued for the above provider effective October 5, 2015 through November 30, 2015. The license is being issued for a status change to Conditional effective October 5, 2015.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/longtermcare>.

If we may be of further assistance, please contact me by phone at 850-412-4427 or by email at Kathleen.Munn@ahca.myflorida.com.

Sincerely,

Kathleen Munn
Health Services and Facilities Consultant
Long Term Care Unit
Division of Health Quality Assurance



View current license information at: Floridahealthfinder.gov

LICENSE #: SNEL538096
CERTIFICATE #: 19769

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE
NURSING HOME
CONDITIONAL

This is to confirm that SCG GRACEWOOD, LLC has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

GRACEWOOD REHABILITATION AND
NURSING CARE
8600 Us Hwy 19 N
Pinellas Park, FL 33782
TOTAL: 120 BEDS

Status Change

EFFECTIVE DATE 10/05/2015

EXPIRATION DATE: 11/30/2015



Molly J. Crisford
Deputy Secretary, Division of Health Quality Assurance

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Randy Keene
 Administrator
 SCG Gracewood, LLC
 d/b/a Gracewood Rehabilitation and Nursing Care
 8600 US Highway 19 North
 Pinellas Park, Florida 33782

2. Article Number (Transfer from service label)
 9590 9402 1228 5246 4285 90
 7010 0780 0001 9835 7165

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Andrea Se...* Agent

B. Received by (Printed Name) Address

C. Date of Delivery
 12-14-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail®
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation®
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Full Restricted Delivery
 (1) *12-14-16*

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt