

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER GENTLE CARE ASSISTED LIVING, I			STREET ADDRESS, CITY, STATE, ZIP CODE 66 BLARE CASTLE DRIVE PALM COAST, FL 32137		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit to the biennial licensure survey was conducted at Gentle Care Assisted Living, Inc. I in Palm Coast, Florida on 2013. Both uncorrected and new deficiencies were identified as a result of the survey.	{A 000}			
{A 008}	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual's admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or _____ services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable _____ which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual's needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	{A 008}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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GECW12

If continuation sheet 1 of 22

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(A 008)	Continued From page 1 number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ < http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ > Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the	(A 008)			

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{A 008}	Continued From page 2 elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual's admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____ (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or	{A 008}			

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{A 008}	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility's admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and an interview with the administrator, the facility failed to obtain a completed resident health assessment (AHCA Form 1823) for 1 of 6 sampled residents. (Resident #2) The findings include: A review of Resident #2's medical record found a resident health assessment dated The examiner failed to indicate the amount of assistance the resident required with medication administration (assistance with self-administration vs. administration by staff). The examiner also failed to indicate whether in his opinion the resident's needs could be met in an assisted living facility. The resident's date of birth, the nursing services, treatments and provided as well as special precautions were not completed. During an interview with the administrator on _____ at approximately 11:30 AM, she confirmed the omissions on the form. This was previously cited during the biennial relicensure survey conducted on 2013.	{A 008}			

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A 029	Continued From page 4	A 029			
A 029	58A-5.0182(5) FAC Resident Care - Nursing Services (5) NURSING SERVICES. (a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to: 1. Take or supervise the taking of vital signs; 2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.; 3. Give prepackaged enemas pursuant to a physician's order; and 4. Maintain nursing progress notes. (b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services. This Statute or Rule is not met as evidenced by: Based on review of the clinical records and staff interview, the facility failed to employ or contract with a nurse to take or supervise the taking of residents' vital signs for 6 of 6 sampled residents. (Residents #1, #2, #3, #4, #5, #6) The findings include: Upon entry to the facility and request of residents ' documentation, a vital signs log book was provided. Review of the log book revealed that all residents living in the facility (Residents #1, #2 (until discharge), #3, #4, #5 and #6) had their vital signs recorded daily to include pulse, and for Residents #2 and #6, _____ sugars. An interview with the administrator on _____ at approximately 2:30 PM revealed that she does not employ or contract with a nurse. She stated that she was unaware that unlicensed staff could not perform these tasks.	A 029			

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A 029	Continued From page 5 Class III	A 029			
{A 030}	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456 (d) The statewide toll-free telephone number of the Florida " " Hotline " 1(800)96 " or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules	{A 030}			

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{A 030}	Continued From page 6 and procedures shall address the facility's policies with respect to such issues, for example, as resident responsibilities, the facility's _____ and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical _____ 429.28 Resident bill of rights - (1) No resident of a facility shall be deprived of	{A 030}			

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[A 030]	Continued From page 7 any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a _____ his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at	[A 030]			

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{A 030}	Continued From page 8 regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ill, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without undue interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.	{A 030}			

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STATE FORM

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{A 030}	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on observation, resident record review, and an interview with the administrator, the facility failed to ensure that residents were free from ... for 2 of 6 sampled residents. (Resident #3 and Resident #6) The findings include: During a tour of the facility on ... at 10:10 AM, an observation of Resident #3 's and Resident #6 's ... revealed beds with full ... side rails. Medical record reviews conducted for Resident #3 and Resident #6 revealed that they were both receiving hospice services, and both residents had physician 's orders for full side rails; however, neither resident had any documentation filed in their record that they or their representative had agreed to the use of side rails. During an interview with the administrator on ... at approximately 11:50 AM, she confirmed that there were no documentation by either the resident or the resident 's representative that they agreed to the use of the siderails. This was previously cited during the biennial licensure survey conducted on 2013. Class III	{A 030}			
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider 's order or prescription label. (b) Unusual reactions or a significant change in the resident 's health or behavior shall be	A 053			

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A 053	Continued From page 10 documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as ... glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including ... glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on review of the clinical records, the MOR (medication observation records) and staff interview, the facility failed to ensure that a licensed staff member was available to conduct glucose testing for 1 of 6 residents.	A 053			

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A 053	Continued From page 11 (Resident #6) The findings include: Observation of Resident #6 's medications revealed a prescription bottle labeled 1% eye drops, use one drop in affected eye(s) four times daily. Monitor sugar weekly. Review of Resident #6 's MOR for 12013 revealed that she was receiving 1% eye drops, 1 drop in left eye at 8:00AM, 12:00PM, 5:00PM and 9:00PM. An interview with the administrator on at approximately 2:25 PM revealed that unlicensed staff was checking Resident #6 's sugar weekly through The administrator confirmed that she neither employed nor contracted with any licensed staff. She said that she was unaware that she could not check residents ' sugars as unlicensed staff. When asked why the sugars stopped on if Resident #6 was still receiving the the administrator said that the resident had been refusing. She confirmed that she had not notified the physician of the refusal. Class II	A 053			
(A 054)	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider 's name, the resident 's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who	(A 054)			

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{A 054}	Continued From page 12 receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider; the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation of residents ' medications, review of residents ' medication observation records (MORs) and staff interview, the facility failed to maintain an accurate MOR for 1 of 2 sampled residents. (Resident #3) The findings include: Observation of the medications for Resident #3 revealed a medication bottle labeled 0.1 mg tablets, 1 tablet by mouth daily. Review of Resident #3 ' s MOR for 12/13/2013 revealed 0.1 mg at 7:00 AM and at 5:00 PM for Review of the physician ' s order dated 12/13/2013 revealed 0.2 mg by mouth daily. Tablets are 0.1 mg. Take 2 pills by mouth daily for An interview with the administrator on 12/13/2013 at approximately 12:00 PM confirmed that the MOR was not accurate.	{A 054}			

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NAME OF PROVIDER OR SUPPLIER GENTLE CARE ASSISTED LIVING, I			STREET ADDRESS, CITY, STATE, ZIP CODE 66 BLARE CASTLE DRIVE PALM COAST, FL 32137		
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{A 054}	Continued From page 13 This was previously cited during the biennial licensure survey conducted on 2013. Class III	{A 054}			
{A 081}	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____ may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and	{A 081}			

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{A 081}	Continued From page 14 (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on review of employee personnel files and staff interview, the facility failed to maintain documentation of the completion of resident rights and reporting neglect and training for 1 of 2 sampled employees. (Employee #2) The findings include: A review of the employee personnel files revealed that Employee #2 had no documentation of the completion of training in resident rights and	{A 081}			

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(A 081)	Continued From page 15 reporting neglect and An interview with the administrator on at approximately 12:15 PM confirmed that there was no evidence of training in resident rights and reporting neglect and in Employee #2's personnel file. This was previously cited during the biennial licensure survey conducted on 2013. Class III	(A 081)			
(A 083)	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND A staff member who has completed courses in First Aid and and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and This Statute or Rule is not met as evidenced by:	(A 083)			

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{A 093}	Continued From page 16	{A 093}			
{A 093}	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, sex, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet.	{A 093}			

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{A 093}	Continued From page 17 Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident's refusal to comply with a therapeutic diet and notification to the resident's health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident's responsible party refusing the diet is acceptable documentation of a resident's preferences. In such instances daily documentation is not necessary.	{A 093}			

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{A 093}	Continued From page 18 (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation of the facility menus and	{A 093}			

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{A 093}	Continued From page 19 food supplies, and an interview with the administrator, the facility failed to note menu substitutions before or when meals were served, and failed to maintain a 3-day supply of non-perishable food for 5 of 5 sampled residents. (Residents #1, #3, #4, #5, #6) The findings include: During a tour of the facility on at 10:10 AM, a hand-written menu was observed to be posted on the wall outside of the kitchen. Additionally, the menus signed by the dietitian were posted adjacent to the handwritten menus. An interview with the administrator on at approximately 12:25 PM revealed that she created the alternate hand-written menu and said the alternates reflected the residents' food preferences. She said substitutions were made at many meals, however they were not documented. She said that she was unaware that the substitutions were required to be documented. An observation of the emergency food supply at 12:35 PM on revealed insufficient stores of protein for a 3-day period of time. Only 35 ounces of canned chicken and tuna, and 30 ounces of beef stew were on hand at the time of the survey. There were no other sources of protein in the food supply. An interview was conducted with the administrator on at approximately 12:35 PM. She acknowledged that there was an insufficient food supply for 5 people for a three-day period. This was previously cited during the biennial licensure survey conducted on 2013. Class III	{A 093}			
{A 161}	58A-5.024(2) FAC Records - Staff	{A 161}			

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{A 161}	Continued From page 20 (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable diseases including _____ In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility's written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.	{A 161}			

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PRINTED: 04/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966430	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R
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{A 161}	Continued From page 21 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to maintain complete personnel records for 1 of 3 employees. (Employee #3) The findings include: A review of the personnel file for Employee#3 revealed no documentation of current status. An interview with Employee #3 (Owner) on at approximately 1:00PM revealed that she was unable to produce current documentation of her status. This was previously cited during the biennial licensure survey conducted on 2013. Class III	{A 161}			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gentle Care Assisted Living, I
66 Blare Castle Drive
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a revisit to the biennial licensure survey conducted on , 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and new deficiencies, identified during the revisit.

A recommendation to deny renewal of your license has been forwarded to the Central Office in Tallahassee for the uncorrected deficiencies. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee. Due to the class II deficiency cited related to the facility's medication practices, the Agency is requiring you to hire a Registered Nurse, or a Consultant Pharmacist. The initial on site consultant visit must take place within seven working days of the identification of the class II deficiency. You must also provide the Agency with quarterly on site corrective action plans.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosures

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