STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Gulf Breeze, Inc	101 McAbee Court Gulf Breeze, FL 32561	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

0000-Initial Comments

A biennial survey was conducted on and at Villas of Gulf Breeze Assisted Living Facility. The survey was conducted in conjunction with a complaint survey (CCR#2013004387 and CCR#2013006275) and a revisit to a previous complaint survey (CCR#2013001141 and CCR#2013002397). In addition an Extended Congregate Care (ECC), Limited Nursing Services (LNS) and Limited Mental Health (LMH) survey was completed. Deficiencies were found at the time of the survey.

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC
Based on staff interview and record review the facility's administrator failed to ensure that 2 of 6 direct care staff had a minimum of 3 hours of continuing education biennially in Limited Mental Health. (Staff E and F)

The Findings:

On a record review was conducted of (6) employee's personnel records for limited mental health training. Two of the employees did not have the 3 hours of continuing education biennially. The two sampled employees were identified as:

Employee E, completion of 6 hour of training for LMH licensure last dated .

Employee F, completion of 6 hour of training for LMH licensure last dated .

On at approximately 10:50 AM, an interview was conducted with the Human Resources Director and the Director of Nursing who verified the two employees trainings were not updated biennially. It was stated that they did not know that the direct care staff must have a minimum of 3 hours of continued education biennially.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on staff interview and record review the facility failed to ensure that 2 of 6 sampled employees received a minimum of 3 hours of continuing education biennially for Limited Mental Health (LMH). (Employee E and F)

The Findings:

On a record review was conducted of (6) employee's personnel records for limited mental health training's. Two of the employees did not have the 3 hours of continuing education biennially. The two sampled employees were identified as:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Gulf Breeze, Inc	**101 McAbee Court Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Employee E, completion of 6 hour of training for LMH licensure last dated .

Employee F, completion of 6 hour of training for LMH licensure last dated .

On at approximately 10:50 a.m, an interview was conducted with the Human Resources Director and the Director of Nursing who verified the two employees trainings were not updated biennially. It was stated that they did not know that the direct care staff must have a minimum of 3 hours of continued education biennially.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Gulf Breeze, Inc	**101 McAbee Court Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tag:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

0000-Initial Comments

A follow up survey was conducted 6/17/2013 and 6/18/2013 at Villas of Gulf Breeze Assisted Living Facility. The survey was conducted in conjunction with a biennial survey and a complaint survey (CCR#2013004387 and CCR#2013006275).

Previously cited deficiencies were found corrected on the revisit. However, new deficiencies were found in conjunction with the biennial survey.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965162	A. Building B. Wing	6/18/2013

Name of Facility
VILLAS AT GULF BREEZE, INC

Street Address, City, State, Zip Code
101 MCABEE COURT
GULF BREEZE, FL 32561

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:** [signature]	**Date:** 7/2/13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

Re: Biennial, Complaints # 2013004387 & 2013006275 Plus Revisit to Previous Complaints

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 18, 2013 by representative(s) of this office. Attached is the provider's copy of the State Form, which indicates the deficiencies that were identified on the day of the visit. Also included is the Revisit Report, indicating correction of tag A030, cited on a previous complaint survey.

All deficiencies shall be corrected no later than 2, 2013. A revisit will be conducted after that date to ensure correction of the citations.

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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure(s)

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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