STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gentle Care Assisted Living Ii	**77-A Brunswick Lane Palm Coast, FL 32137**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A relicensure survey was conducted at Gentle Care Assisted Living II on 2013. Deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on a review of resident records, and interview with the Administrator, the facility failed to ensure complete information was obtained on the Resident Health Assessment (AHCA for 1823) for 2 of 2 sampled residents whose records were reviewed (Residents #1 and #6.

The findings include:

A record review for Resident #1 found a Resident Health Assessment (AHCA Form 1823) dated and signed by the physician. The resident had diagnoses including: and The physician indicated Resident #1 required assistance with the self-administration of medication; however, failed to document the type of assistance she required.

A record review conducted for Resident #6 found a Resident Health Assessment (AHCA form 1823) dated and signed by the physician. The resident had diagnoses including: non-ii and chronic kidney The physician failed to document the diet order the resident required.

An interview was conducted with the Administrator at 11:45 am on She confirmed the omissions on the health assessments for Residents #1 and #6. She stated she would have to have the assessments corrected.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on a review of employee records, and interview with the Administrator, the facility failed to ensure documentation of freedom from communicable within 30 days of hire, for 1 of 3 sampled employees (Employee #1).

The findings include:

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A review of Employee #1's personnel file found she was hired on as a Caregiver. There was missing documentation from a health care provider that she was free of signs or symptoms of communicable

An interview was conducted with the Administrator on at 11:45 am. She confirmed the missing documentation, and stated the employee would need to return to her physician.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review, and an interview with the Administrator, the facility failed to ensure the required in-service training in control for 2 of 3 sampled employees who provided personal care to residents (Employees #1 and #2).

The findings include:

A review of personnel files for Employee #1 (hired on as a Caregiver) and Employee #2 (hired found missing documentation of the required one-hour training in control, including universal precautions and facility sanitation, prior to the provision of personal care to residents.

An interview was conducted with the Administrator on at 11:45 am. She confirmed that both employees worked directly with the residents. She acknowledged that neither employee file reflected the training was ever completed.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on employee record review, and interview with the Administrator, the facility failed to provide proof of the required training on and within 30 days of hire for 2 of 3 sampled employees (Employees #1 and #2).

The findings include:

A review of personnel files for Employee #1 (hired on as a Caregiver) and Employee #2 (hired as a Caregiver) found each had certificates of completion for training. Neither employee's certificate was dated; therefore, it was not possible to determine if the trainings had been provided within 30 days of hire, as required.

An interview was conducted with the Administrator on at 11:45 am. She confirmed the missing training dates, and stated she did not recall when the employees received the education.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation of the breakfast meal, facility record review, and interview with staff, the facility failed to document menu substitutions prior to, or at the time of meal service when menu variations were served.

The findings include:

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An observation of the breakfast meal was conducted on at 9:45 am. Residents were served oatmeal, toast with peanut butter, orange colored juice and a choice of hot beverage.

A review of facility records found the posted menu for the week, which was signed by the dietician and dated The planned breakfast meal for the day of survey included orange juice, cereal, scrambled egg, bran muffin, bacon, jelly and milk.

An interview was conducted with Employee #1 (a caregiver who prepared the breakfast meal) at 10:07 am on She stated she often cooked for the residents, and that menu substitutions were typically not documented. She was unaware they were required to be documented at each meal, and maintained on file for 6 months.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation of the kitchen pantry, and interview with the Administrator, the facility failed to provide a safe living environment free of biological hazards by neglecting to properly store and dispose of used syringes.

The findings include:

An observation of the kitchen pantry on at 12:50 pm found an old and damaged milk jug on the bottom shelf. It was stored with non-perishable foods, which were accessible to the residents and staff. Closer inspection of the milk jug revealed it was 2/3 full of used, uncapped syringes. There were cracks along the sides of the jug, and several dime-sized holes in the sides of the container, large enough for the syringes to protrude from should the contents be shifted when moved. In addition, there was no lid on the top of the container, which provided a risk of it falling over and spilling the contents.

An interview was conducted with the Administrator on at 12:55 pm. She was surprised to find the container in the pantry, and stated she did not realize it was there. She insisted she had no residents requiring since several years ago. She acknowledged the container was uncovered and in disrepair, and quickly retrieved and bagged the container to transport for proper disposal. She confirmed that residents had access to the kitchen pantry, and that the improper storage of used syringes posed a danger to residents and staff.

An Internet search on the proper disposal of needles at home found the following information at http://www.epa.gov/osw/education/pdfs/han-care.pdf:

After you ' ve given yourself an shot, put your syringe directly into a strong plastic or metal container with a tight cap or lid."

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on employee record review, and interview with the Administrator, the facility failed to ensure personnel records for 1 of 3 sampled employees (Employee #1) contained documentation of freedom from communicable

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In addition, the personnel records for 2 of 3 sampled employees (Employees #1 and #2) failed to contain documentation of required in-service trainings within 30 days of hire.

The findings include:

A review of personnel files for Employee #1 (hired on as a Caregiver) found no documentation from a health care provider that she was free from communicable , or that she had received training in the facility's emergency evacuation procedures. Further personnel records review found no documentation of the required one-hour training in control, including universal precautions and facility sanitation, for Employee #1 or Employee #2 (hired as a Caregiver). Finally, the certificates of completion for training for both Employees #1 and #2 had not been dated. Therefore, it was not possible to determine if the trainings had been provided within 30 days of hire.

An interview was conducted with the Administrator on at 11:45 am. She confirmed the missing documentation for both employee files.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Gentle Care Assisted Living Ii
77-A Brunswick Lane
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Sincerely,

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

LL/KW/sm
Enclosure

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