

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966430	(X3) DATE SURVEY COMPLETED 11/19/2013
NAME OF PROVIDER OR SUPPLIER Gentle Care Assisted Living, I	STREET ADDRESS, CITY, STATE, ZIP CODE 66 Blare Castle Drive Palm Coast, FL 32137	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-11/19/2013
0029-Resident Care - Nursing Services-11/19/2013
0030-Resident Care - Rights & Facility Procedures-11/19/2013
0053-Medication - Administration-11/19/2013
0054-Medication - Records-11/19/2013
0081-Training - Staff In-Service-11/25/2013
0083-Training - First Aid And Cpr-11/25/2013
0093-Food Service - Dietary Standards-11/19/2013
0161-Records - Staff-11/25/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 5, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 19, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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
Enclosure

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



Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054