STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	12/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gulf Breeze Courtyard	3428 Gulf Breeze Parkway Gulf Breeze, FL 32561	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
Complaint investigation CCR#2013013359 was conducted at Gulf Breeze Courtyard located at 3428 Gulf Breeze Parkway in Gulf Breeze, FL. Deficient practice was found at the time of this survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, staff and family member interviews, and record reviews the facility failed to report details of a significant change in condition and failed to document details of the change in condition in the written record for 1 of 5 sampled residents, #2.

The findings are:

Observations of resident #2 during and after a tour of the facility on beginning at 12:15 PM revealed a fading to the forehead above the resident's right eyebrow. A brief interview was conducted with the resident on at 12:35 PM and she was asked what happened to cause the above her eye. The resident answered "Oh, I don't know, I probably bumped into something". The resident was unable to provide any other information. An interview with the resident's daughter on at 2:40 PM revealed her mother had experienced injuries at the facility over the course of a 2-3 day period from and that she had not been able to get a straight answer from facility staff about the cause of the injuries. She also stated that when staff called to inform her of the injuries, they downplayed them significantly and that when she saw her mother in person, she was "horrified" to discover a large with a knot above her right eye. She stated she had been out of town for a few days when she was notified of the injures and had told staff she could easily come to the facility "I wasn't that far away, if I had known how bad it was, I could have come right away". When she did arrive at the facility, she decided to take her mother to the doctor right away. She stated that during the doctor's visit, several other were discovered, none of which had been mentioned by the staff.
Record review for resident #2 revealed an entry by nursing staff dated stating "Resident observed in Wellness Center with a split upper lip, R (right) and c/o pain/limping on R foot. Obtained X-ray order of R foot". No mention is made of to the forehead or other parts of the body, and no mention is made as to the cause or suspected cause of the injuries. The next entry in the record is undated and signed by a different staff nurse. The entry states "Resident was observed on floor by nurse around 2100. No new injury noted. C/O (complaint of) R arm pain. No s/s of resp. distress noted. Family and doctor notified. All comfort measures met. First aid not needed." Vital signs were listed, then the comment area was noted on forehead at 9 PM on Review of the faxed notification to the doctor revealed no reference to the to the forehead. The next chart entry was dated 3 PM and designated "Late Entry" the note stated "On the morning of when resident came in the Wellness Center, I ask her how she got the on her arm. She stated "That lady right there did this to me" pointing at the Resident from ____ (sampled resident #3). At this time the resident from ____ was sitting on the loveseat in front of the Wellness Center, asleep. The resident from ____ showed no injury or distress". The next entry was also designated "Late Entry" and dated 1700. This entry was

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signed by the Director of Nursing (DON) and stated that on the morning of she received a call from the nurse stating resident #2 had on arm, cut on lip, and small on nose at approximately 0815. After arriving at the facility, the DON documented that she asked resident #2 what happened with the response that she down in the hallway near her A third late entry by another staff nurse documented an incident on the morning of at 5:00 AM when resident #2 asked her to help get Resident #3 out of her Resident #3 was found in Resident #2's "fumbling with her personal items". Resident #3 was redirected and led from the Record review for sampled resident #3 revealed no documentation of either the incident when she was found in resident #2's nor documentation that resident #2 had identified her as being responsible for her injuries when first questioned about those injuries. Facility nursing staff, including the DON did not document significant occurrences in a timely manner for resident #2, did not inform the daughter of the extent of injuries received between did not inform the doctor of the extent of injuries received, and did not document in any way what may have been significant aggressive behavior episodes for resident #3.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. , 2014

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Dear Administrator:

Re: CCR #2013013359

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) 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 . 2014 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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