STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	02/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gentle Care Assisted Living 3	27 Rolling Sands Dr Palm Coast, FL 32164	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted on . 2014. Gentle Care Assisted Living 3 had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on staff interview and record review, the facility failed to ensure the Agency for Health Care (AHCA) Form 1823 was complete for 1 of 2 sampled residents. (Resident #2)

The findings include:

Record review for Resident #2 found she was admitted to the facility on .2013. Review of the AHCA Form 1823 signed by the resident's medical provider on . found that on page 4, under section 2-B section B, the question "des the individual need help with taking his or her medications" was not answered. The section of the form under the question that asked if the resident needs assistance with self-administration of medication or needs medication administration was also left blank. The Advanced Registered Nurse Practitioner (ARNP) that signed the form also failed to enter her printed name, medical license number, address and telephone number.

There was no additional information related to needing help in taking medications found in Resident #2's medical record.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and record review, the facility failed to administer medications according to the prescription label and health care provider order for 1 of 2 residents. (Resident #2)

The findings include:

Florida statute 429.256 reads that assistance with self administration of medication includes, in the presence of the resident, reading the label, opening the container and removing the prescribed amount of medication from the container.
During an observation of Resident #2's medications on at approximately 11:30 a.m., a bottle of .25 milligram with an order and a start date of to give 1 tablet for 7 days and then

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increase the dosage to 2 tablets. Record review of the MOR for Resident #2 found the Topomax did not have a dosage recorded. The directions written on the MOR were to take one tablet a day for seven days and then take 1 tablet two times a day. Further review of the MOR found the medication was administered on at 8:00 a.m. and beginning at 8:00 a.m. and 8:00 p.m. Review of Resident #2's record found physician orders dated for Topomax 25 mg, 1 tablet at the hour of sleep for seven days and then two tablets at the hour of sleep.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for 1 out of 3 sampled residents (Resident #2).

The findings include:

During an observation of Resident # 2's medications on at approximately 11:30 a.m., a bottle of 150 milligrams (mg), with orders for one tablet twice a day was found with the resident's current medications. Record review of the medication administration record (MOR) for Resident #2 found the was recorded with a dose of 50 mg, one capsule two times a day for pain. Record review for Resident #2 found a new order from the pharmacy for 150 mg twice a day.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, staff interview, and record review, the facility failed to ensure discontinued medication was stored separately from medications currently in use for 1 of 2 residents. (Resident #1)

The findings include:

During an observation on at approximately 11:00 a.m. of the medications belonging to Resident #1 a bottle of 25 milligrams (mg) was observed. Further observation found a bottle of 500 mg/ dispensed on with thirteen pills left.

Review of the 2014 medication observation record (MOR) did not find the Divalroex or the listed. Review of the 2014 MOR found the was last given on at 8:00 a.m. During an interview with the Medication Technician/Caregiver #2 on at 10:39 a.m. she stated the 250 mg was discontinued on

Review of the Home Health Care records for Resident #1 found the home health agency listed Resident #1 as starting 500 milligrams every 8 hours for 7 days for a beginning During an interview with the Administrator on at 10:30 a.m. she provided a physician order dated for 500 mg every 8 hours for 7 days and documentation the 25 mg was discontinued.

The Administrator confirmed the findings on at 10:42 a.m. She took the medications and stated she would store them separately.

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Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, staff interview, and record review, the facility failed to ensure prescriptions for resident's who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner for 2 of 2 sampled resident's. (Resident #1 and #2). The facility failed to update the medication observation record to reflect changes in orders for 1 out of 3 sampled residents (Resident #2). The facility failed to obtain a new medication label from the pharmacy for a change in direction for 1 out of 3 sampled residents (Resident #1).

The findings include:

1. During an observation of Resident # 1's medications on at approximately 11:00 a.m. an empty bottle of over the counter cranberry tablets was observed with the resident's current medications. Review of the 2014 medication observation record (MOR) for Resident #1 found cranberry one tablet three times a day was recorded on the MOR. The last date the medication was documented as given was at 8:00 p.m. on Review of the Home Health Care records for Resident #1 found the home health agency listed Resident #1 as receiving Cranberry 1 tablet three times a day as a supplement beginning During an interview with the Administrator on at approximately 2:00 p.m., she stated the cranberry tablets are over the counter. She stated they ordered them and since they have not come she would go to the pharmacy.

During an observation of Resident #2's medications on at approximately 11:30 a.m. an empty bottle of 0.5 mg with orders to give one tablet three times a day was found with the resident's current medications. Review of the 2014 medication observation record (MOR) for Resident #2 found the medication was last given on at 8:00 p.m. Further record review for Resident #2 found no evidence the medication was discontinued.

2) An observation of Resident #2's current medications found a bottle of 10 mg with orders to take one tablet at bed time. Further review of Resident #2's MOR found 10 mg with directions to take one tablet a day for sleep. Review of the MOR found the mediation was not taken in Review of the 2014 MOR found the medication was last taken at 11:00 p.m. on Further review of Resident #2's medical record found a current physician order for 10 mg at the hour of sleep as needed. Review of the resident's record found no evidence the prescription was discontinued by the physician.

3)Record review of the 2014 medication observation record (MOR) for Resident #1 found 1000 milligrams at the hour of sleep was listed and administered beginning Further record review found Resident #1 was also receiving 500 milligrams (mg) twice a day with meals. Review of the physician orders for Resident #1 found a order for 500 mg in the a.m. and at noon and 1000 mg at the hour of sleep. During further observation of Resident #1's medications on at approximately 11:00 a.m. two bottles of 500 mg with directions to take 1 tablet twice a day with meals were observed. There was not a bottle of with directions to take 1000 milligrams at the hour of sleep.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on staff interview and employee record review, the facility failed to ensure staff received in-service training within 30 days of employment in reporting major incidents for 1 of 2 employees. (Employee #1)

The findings include:

Record review of the personnel file for Employee #1 (hired) could not locate evidence that Employee #1 received training in reporting major incidents.

The findings were confirmed by the Administrator on at approximately 2:00 p.m. She stated Employee #1 did not receive the training.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on staff interview and employee record review, the facility failed to obtain documentation of freedom from communicable for 1 of 2 employees. (Employee #1)

The findings include:

Record review of the employee file for Employee #1 (hired) could not locate a statement from a health care provider that Employee #1 was free from communicable

The findings were confirmed by the Administrator on at approximately 2:00 p.m. She stated she could not provide documentation from a health care provider to show Employee #1 was free from communicable

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Gentle Care Assisted Living 3
27 Rolling Sands Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 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 **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. Should you have any questions please call this office at 904/798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/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