STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	04/15/2014
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0055-Medication - Storage And Disposal-C
0081-Training - Staff
0161-Records - Staff-03

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on a review of resident records and interview with the Administrator, the facility failed to provide accurate assistance with self-administration of medication to 2 of 3 sampled residents (Resident #1 and #5) whose medications were reviewed.

The findings include:

1. A medication review conducted for Resident #5 found a prescription bottle that was labeled 20 milligrams, take one tablet by mouth every day. A review of the medication observation record (MOR) for Resident #5 found staff had initialed the signature boxes indicating the resident received (an anti-depressant) 10mg take one tablet by mouth daily, at 12:00 pm. A review of Resident #5's record found there was no physician's order for the use of

An interview was conducted with the Administrator at 11:44 am on . She stated she was not sure what the intented dose of was for Resident #5. She was unable to locate a physician's order for the use of in the resident's record.

2. A medication review conducted for Resident #1 found the MOR instructed to administer eye drops 0.2% 1 drop both eyes at 8:00 PM. Two parallel lines of signature boxes had been initialed, insinuating the drops were being administered twice daily, A review of the medication label directed one drop both eyes daily; the same as the physician ordered.

An Interview was conducted with the caregiver at 11:00 AM. She stated the eye drops were last administered this morning. The Administrator stated the two signature lines on the MOR were a mistake, and that the medication was only administered at night. When asked again by this writer if the drops were administered last night or this morning, the caregiver did not answer. The Administrator then said "maybe the order was changed." She reviewed the physician's order and confirmed instructions were for 0.2 drop both eyes daily. The Administrator did not have an explanation why the drops were being signed out twice daily.

An interview was conducted with the resident at 12:00 PM. He stated he received assistance with the application of his eyedrops twice a day; in the morning, and at night.

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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 #5).

The findings include:

A review of the medication observation record (MOR) for Resident #5 found instructions for 10mg, take one tablet by mouth daily, at 12:00 pm. A prescription- labeled bottle was located with Resident #5's current medications. The label read 20 milligrams, take one tablet by mouth every day'. A review of Resident #5's record found there was no physician's order for the use of

An interview was conducted with the Administrator at 11:44 am on She stated she was not sure what the intented dose of was for Resident #5. She had no explanation as to why the MOR did not match the label on the pill bottle.

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 prescription medications were properly labeled for 1 of 3 sampled residents (Resident #1) who received assistance with self-administration of medication.

The findings include:

An observation of Resident #1's prescription medication storage bin found two bottles of tablets labeled 500mg tablets, take one tablet by mouth three times daily'. A handwritten correction was noted on each pharmacy-issued label instructing "one (1) at 8 AM, one (1) at 12 N, two (2) at 6 PM." The MOR instructed 500 mg twice a day with meals (8:00 am and 12:00 pm) and 1000 mg (two 500 mg tabs)each night at bedtime.The physician's order dated instructed 500 mg by mouth in AM, 500 mg by mouth at noon, 1000mg by mouth each PM."

An interview was conducted with the Administrator at 11:00 AM on She stated the home health nurse made the hand-written changes on Resident #1's medication labels. When asked if the nurse was a licensed pharmacist, the Administrator stated "No."

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 revisit survey conducted on , 2014 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 Meyer, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

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