STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	06/03/2014
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:
0052-Medication - Assistance With Self-Admin-06/03/2014

Revisit Repeat Tags:
0000-Initial Comments-
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments

A second revisit to the biennial relicensure survey was conducted at Gentle Care III on 2014. Deficiencies were identified.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview, and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for 2 of 4 sampled residents whose medications were reviewed (Residents #6 and #7)

The findings include:

1. A medication review was conducted for Resident #6. A package of was stored with her routine medications. The label instructed "10 mg", give 1 (one) by mouth every morning. The number "1" had been crossed off of the label, and the number "2" had been handwritten in it's place. Also stored with Resident #6's routine medications was a package of with instructions to take "20 mg daily."

Review of the MOR for Resident #6 revealed she received "10 mg", 1 tab daily for at 8:00 am. The MOR also indicated she received "40 mg daily" each morning. The MOR did not match the labels for these medications.

Further review of Resident #6's record found a Resident Health Assessment (AHCA form 1823) dated and signed by the examiner listed the current medication as 40 mg every morning." There was no written physician's order for the use of

A telephone interview was conducted with the Pharmacy Technician on at 10:45 am. She confirmed Resident #6 had Physician's orders for "20 mg daily", which was written on She also clarified Resident #6 had orders for "20 mg daily" dated

2. A medication review conducted for Resident #7 revealed a package of "20 mg" stored with his routine medications. The instructions were to take 1 tablet each evening at bedtime.

The AHCA form 1823 dated 5/13/4, and signed by the examiner, noted Resident #7 was to receive "40mg daily. The MOR also indicated he was receiving "40 mg" daily.

During the telephone interview with the Pharmacy Technician on at 10:45 am, she confirmed Resident #7

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	06/03/2014
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)		

had physicians orders for "20 mg" each evening at bedtime, which was recently ordered on

An interview was conducted with the Administrator on at 10:25 am. She confirmed the MOR did not match the labels or the physician's orders for Resident #6's or The Administrator also acknowledged the MOR had not been updated to reflect Resident #7's proper dose of , which had recently been changed.

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 4 sampled residents (Resident #6) whose medications were reviewed.

The findings include:

A medication review was conducted for Resident #6. A pharmacy-issued package labeled 10mg , give 1 by mouth every morning" was stored with her routine medications The number "1" on the label had been crossed out by hand, and the number "2" written in it's place. In addition, Resident #6's label for 0.5mg every 8 hours, take 2 tabs as needed for had the instruction "as needed" crossed out by hand on the label.

An interview was conducted with the Administrator on at 10:25 am. She stated Resident #6's family member, who was also the resident's Physician, had provided the medications to the facility. This family member had changed the medication labels herself by hand. The Administrator acknowledged that pharmacy-issued medication labels could only be changed by a pharmacist. She stated she needed to obtain some "direction change" alert stickers for future medication order changes.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 3, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies that were identified on the day of the visit.

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,

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

LL/JM/sm
Enclosure

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