| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

0000-Initial Comments
A biennial, limited nursing services (LNS), extended congregate care (ECC) and change of ownership (CHOW) survey was conducted at Gulf Breeze Courtyard ALF on . The facility indicated they are no longer providing ECC services and terminated this service with CHOW. At the time of survey the facility had deficiencies.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, family and staff interview and record review the facility failed to provide daily care and monitoring for 2 of 19 sampled ( #1, #5).
The findings are:

1. Observation of resident #1 on at 9:30 am, and 12:00 noon; on at 7:45 am in the dining breakfast and 12:00 noon noted finger nails soiled with feces and dried on palm of hand. Interview with husband said hospice baths resident 3 times a week. Facility staff on other days do not bath her, only change her diaper.
Interview with aide D on at 11:20 am stated resident #1 is of and hospice baths her we don ' t. We check on her and change her. She is and she can't do for herself. If we see she needs bathing we do it.
Review of the record for resident #1 noted a diagnosis of and , and is receiving Hospice services. Weights were reviewed: 2014 - 140 - 134 - 134 lbs. The record lacked documentation the physician and family were notified of the weight loss. Review of the health assessment indicated resident #1 requires assistance with meals and activities of daily living (ADL's). Observation of meals on and at lunch noted husband who also lives at the facility feeding her. Resident #1 ate 100%. Review of hospice notes found weight loss mentioned without interventions or plan of care or communication with facility.

Interview with the hospice nurse on at 2:00 pm indicated she should have had a plan of care for nutrition.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

Interview with the director of nursing at the facility confirmed the findings and indicated the physician and family should have notified.

2. Observation of resident #5 during breakfast on at 7:55 am found food on the front of her shirt and on wheelchair. The resident had dried food on the side of her mouth. She was wheeled out of the dining the main living for activities. Resident #5 sat there for about an hour then was taken to the Friendship program where she sat with dried food on her mouth until lunch. She had the dried food on her mouth during lunch. This was removed by staff during assistance with dining. Interview with staff member D indicated the resident requires assistance with activities of daily living.

Observation of resident #5 at 12:00 noon on in main dining dropped food on clothes and on wheelchair between legs. After the meal she was wheeled by staff the living other residents. She sat there from approximately 12:40 pm until 1:30 pm with food on her. Review of health assessment dated indicated resident #5 needs assist with ADL's.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, family and staff interview and record review the facility failed to honor resident's rights. The facility failed to treat residents who are and dependent on staff for care with dignity and respect for 5 of 19 sampled residents (#1, #5, 16, 17, and 18). The facility failed to ensure residents were free from potential spread of for 4 of 19 sampled resident (#5,16,17,18) and 1 of 4 sampled residents during medication pass (#14) and failed to provide a decent living environment related to soiled wheelchairs and floors for 3 of 19 sampled residents (#1, 5, 19).
The findings are:

Observation of resident #1 on at 9:30 am, and 12:00 noon; on at 7:45 am in the dining breakfast and 12:00 noon noted finger nails and palm of hand soiled with dried feces. Interview with husband stated hospice bathes resident 3 times a week. He said staff on other days don't bathe her, only change her brief.

Interview with aide D on at 11:20 am stated resident #1 is and hospice bathes her, we don't. We check on her and change her. She is and she can't do for herself. If we see they (residents) need bathing we do it.

Observation of resident #5 during breakfast on at 7:55 am found food on the front of her shirt and on wheelchair. She had dried food on the side of her mouth. She was wheeled out of the dining the main living for activities. Resident #1 sat there for about an hour then she was taken to the Friendship program where she sat with dried food on her mouth until lunch. She had the dried food on her mouth during lunch. This was removed by staff during assistance with dining. Interview with staff member D indicated resident #5 requires assistance with activities of daily living.

Review of health assessment dated indicated resident #5 needs assist with ADL's.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

Observation of resident #5 at 12:00 noon on in the main dining dropped food on clothes and on wheelchair between legs. After the meal she was wheeled by staff to the living other residents. She sat there from approximately 12:40 pm until 1:30 pm with food on her. She was moved to the Friendship Program care.

Observation of residents (#5, 16, 17 and 18) on at 1:30 pm in the Friendship Program Aide A putting a clean brief on the right ankle of all four residents. A short time later, Aide A along with aide F and aide G helped lift each of the four residents up from their wheelchair, pulled down and removed their wet brief and pull up the clean, dry brief previously placed on their ankles. The staff did not provide any care to the residents. Aide G donned gloves to remove and apply the briefs, but did not wash hands afterwards or between touching the other residents. Staff G repeated the same act to all four residents. Residents #5, 16, 17, and 18 were all in an open activity 3 staff and the surveyor present.

Interview with aide A at approximately 2:15 pm indicated she should not have changed all the residents in the same to dignity.

Review of all resident health assessment indicate the need for assistance with ADL's and all are of

Interview with program director H on at approximately 9:30 am indicated all the resident are are and require assistance with ADL's.

Interview with the director of nursing and the administrator on at approximately 3:30 pm indicated they do not tolerate that kind of care. Policy is for all residents to be treated with dignity and respect. Residents are to be changed in private and staff are to wash hands between residents.

Review of staff training records found staff involved had been trained in ADL Care.

Dining observations on about 12 noon. Aide A was observed to have gloves on as she assisted two residents with eating. Each resident required food to be put on utensil and put into the residents ' mouths one male and one female. She was seen loading a spoon with large amounts of food and putting into the resident's mouth. Aide A was observed touching the female resident's face with her gloved hand then assisting the second resident with his overloaded spoon of food. During the meal observation, the male resident was observed to have so much food on his spoon the extra food off on the table as it was being put in his mouth. Aide A picked the food up with her hand and placed it on his plate and immediately assisted the second resident with her food.

Aide H was also observed assisting two people with eating. She was observed to have one female resident touch the inside of her gloved hand then she was observed to tear the bread of the second resident with the same gloved hand.

At no point were gloves observed to be changed by either employee during the dining process.

The Licensed Practical Nurse (LPN) Resident Care Coordinator was requested to provide a policy regarding assistance with dining in the dining The policy provided was dated The second paragraph reads: "For those who are in need of supervision or of assistance, services will be provided. To ensure each resident is provided adequate time, attention, and service during the meal service, if a resident requires the facility staff to physically feed him/her, the staff person will be limited to feeding no more than two residents at a time. " The third

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

paragraph reads: "Gloves will be worn by staff when feeding residents and are to be changed when staff advances to the next resident in need of feeding services."

Review of the staff training records revealed both Aide A and H received training in safe food handling.

Observed staff D at 9:00 am on touch pills with bare hands while pouring the morning medications for resident #14. Interview indicated she has been giving medications for about a month and has had training. Review of her training record noted she has had medication training.
Interview with director of nursing on at approximately 3:45 pm indicated their policy is to not touch meds with hands.

Observation during lunch on and at 12:00 noon found buildup of dust and dried food on wheelchairs for the following residents: #1, 5, and 19.

Observation during same time frame found spilled dried food on the dining by resident #1 table. The window sill was soiled with buildup of dust and dried food. Observed staff mopping after meals, but they did not move the table to clean the floor or the window sill. Interview with kitchen staff on at approximately 2:15 pm was shown the area. The area was cleaned later.
Interview with administrator on at 2:30 pm indicated they have requested contracting with a company to clean.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on observation, staff interview and record review the facility failed to have an elopement policy that meets the state requirements, failed to adequately assess for elopement upon admission and failed to have identification of at risk resident for 1 of 1 residents sampled for elopement. (#3)

The findings are:

Interview with the administrator on at 8:45 am indicated they had an elopement on and have sent in an adverse incident to AHCA.

Record review of the adverse incident report dated indicated the resident used a ladder to climb on top of the building to elope. He was found 2 doors down without injuries. He had his wander guard on. The MD and family were called. The ladder was removed from outside.

Observation of resident #3 in the main dining lunch on 12:00 noon and at 12:00 noon noted he had a wander guard on wrist. The resident did not have any identification on his person. Resident #3 is ambulatory all over the building. An interview was conducted with resident and found him to be creditable.

Interview with the director of nursing on at 8:45 am indicated upon admission resident #3 was an elopement risk and a wander guard was placed on his wrist. Interview on at 1:15 pm confirmed he does not have any identification on his person. Interview with the administrator at same time said they have been looking at purchasing

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965645** | **07/03/2014** |
| 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) | | |

Review of health assessment dated upon admission did not reflect any diagnosis of memory concerns, exit seeking, elopement. Record review of discharge reports from hospital indicated behavior concerns.

Review of facility admission assessment that is completed by the director of nursing did not reflect any concerns with elopement or exit seeking. A note indicated the resident had recently purchased 4 new vehicles and the family was able to have them returned.

Review of facility elopement policy did not include the following state requirements: Adequate assessment for residents at risk and residents at risk have identification on their person with required components.

During survey all residents were accounted for. Residents who had on wander guards walking by exterior doors set off the alarm system. Staff were seen monitoring residents and alarms.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, staff interview and record review unlicensed staff was observed administering medication to 4 of 4 sampled residents. (#12,13,14, 15).

The findings are:

Medical assistant, staff D was observed on at 9:00 am pouring medications into cups at medication cart out of sight off residents. (#12,13,14,15) When staff D approached the residents she did not show them the medication labels or discussed the medications they were getting. Resident #12 was administered a liquid medication by staff D directly into her mouth.
Interview with staff D at 9:00 am indicated she has been giving medication to residents for about a month. She indicated she has had training.
Review of medical assistant's record found she has had training with assistance with self administration of medications.
Interview with the director of nursing on at 3:45 pm indicated their policy is not to touch pills with hands and non licensed staff are not to administer medications. Staff D has been trained and staff D was removed from the medication cart.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, staff interview and record review the medical assistant failed to follow physician orders for 1 of 4 sample residents during medication observation. (#12)

The findings are:

Medical assistant staff D was observed on at 9:00 am during medication pass. She shook the medication and poured 15 milliliters of an appetite stimulant in a med cup. She poured the liquid medication into the resident's mouth. The resident took all the medication.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

Review of the medication observation record (MOR) noted an order to give 5 milliliter of
Review of the physician's ordered dated indicated to give 5 milliliters of
Interview with the director of nursing on at 3:45 pm indicated staff D can not administer medications and confirmed the order to give 5 milliliters instead of 15. She indicated an incident report would be completed and the physician and family would be notified.
Review of the staff D's record indicated she has had training.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on staff interview and staff file review the facility failed to have a statement for 1 of 5 employees (Employee C) reviewed that they do not have signs of communicable including and documentation of freedom from for 1 of 5 employees (Employee C).

The findings are:

During Employee File review Employee C was found to have been hired on The file failed to reveal a statement concerning her communicable status or documentation of freedom from

An interview was conducted with the Licensed Practical Nurse (LPN) Resident Care Coordinator on about 11:30 am to provide the documentation. After several checks she came back and stated " I believe this employee has this and did not give us a copy. " She confirmed the file did not contain the necessary documentation.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on staff interview and staff record review the facility failed to provide proper documentation of required training for staff on safe food handling for 3 of 5 staff (B, C, and D), reporting incidents, emergency preparedness and evacuation training for 3 of 5 staff ( B, C, and D), elopement training for 2 of 5 staff (C, and D) , recognizing and reporting for 1 of 5 staff (C), and providing assistance with ADL's (Activities of Daily Living) for 2 of 5 staff (C, and D) .

The Findings are:

The staff reviewed had hire dates as follows:

Employee B was hired and is a Licensed Practical Nurse (LPN);

Employee C Resident Care Assistant was hired and Employee D Resident Care Assistant was hired on

The employee files for Employee B, C and D were reviewed for evidence of 1 hour of training within 30 days for

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965645** | **07/03/2014** |
| 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) | | |

safe food handling. The file failed to reveal a date for training, the name of the trainer, or the amount of time spent in training. An interview was conducted with the Administrator on about 1:25 pm she confirmed there was not a date for the training, or amount of time spent in training, or a trainer name for employees B, C, and D.

The employee files for Employee B, C, and D failed to reveal 1 hour training for reporting major and adverse incidents and emergency procedures and evacuation. There files did not contain any indication of a date for the training, name of the trainer, or time spent in training. An interview was conducted with the Administrator on about 10:55 am and again about 12:45 pm. She confirmed the necessary documentation was not in place for Employees B, C, and D.

Employees C and D were found not to have elopement response training in their employee files. No indication was found for a date for the training, name of trainer, or training time. The Administrator was interviewed about 12:45 pm and confirmed that Employee C and D did not have documentation in their files.

The Employee file for Employee C was reviewed. No documentation of training for recognizing and reporting with date, time of training, or trainer could be found. The Administrator confirmed this omission during interview on about 1:45 pm.

During review of employee files C and D they were found not to have documentation of training for providing assistance with ADL training. The Administrator confirmed this omission in interview on about 10:55 am.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on staff interview and employee file review the facility failed to provide documentation of 2 hours of training for 2 of 5 staff reviewed ( C and D) .

The findings are:

During employee file review it was found that Employee C and D did not have training in accordance with regulation. Employee C was hired on and Employee D was hired on Records in the file of both staff revealed papers with information regarding There was no certificate on file indicating the employees' name, date, person conducting the training, or the hours spent on the training.

An interview was conducted with the Administrator on about 12:45 pm. She confirmed no certificate had been issued, no date of the training was indicated, and the number of hours spent on the training was not in place.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on staff interview and employee file review the facility failed to have documentation of 2 hours of annual continuing education regarding nutrition and food service for the designated food service manager Employee E.

The Findings are:

Employee E's record was reviewed. He failed to have documentation of 2 hours of continuing education regarding nutrition and food service. His last documented training occurred according to the records on and ,2012 for a total of 2 hours.

On about 12:45 the Administrator was requested to provide the documentation. She stated, " If I have that it, it would be in my office. " At 1:15 pm she returned to say she could not find documentation in her office and had asked the Dietary Manager to provide the necessary documentation.

At the time of exit the documentation had not been provided.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on staff interview and employee file review the facility failed to provide documentation of 1 hour training within 30 days for training with employees name, date, length of training, or the trainers name for 4 of 5 employees reviewed (A, B, C, D).

The Findings are:

Employee A was hired on , Employee B was hired on , Employee C was hired , and Employee D was hired on . A review of their file failed to reveal documentation of 1 hour training for training with certificate with employees name, date, and length of training, or the name of the trainer.

An interview was conducted with the Administrator on about 10:45 am. She confirmed the above was not in the employee files for A, B, C, or D.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 07/03/2014 |
| 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) | | |

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on staff interview and employee file review the facility failed to maintain proper documentation of required training for training 2 of 5 employees (Employee C and D), training for 4 of 5 employees (A, B, C, and D), for safe food handling 3 of 5 (B, C, and D), reporting incidents, emergency preparedness and evacuation training for 3 of 5 staff ( B, C, and D), elopement training for 2 of 5 staff (C, and D) , recognizing and reporting for 1 of 5 staff (C), and providing assistance with ADL ' s (Activities of Daily Living) for 2 of 5 staff (C, and D) .

The Findings are:

The employee files reviewed had the following hire dates:

Employee A Resident Care Assistant was hired , Employee B Licensed Practical Nurse was hired , Employee C Resident Care Assistant hired and Employee D Resident Care Assistant was hired

During employee file review it was found that Employee C and D did not have training in accordance with regulation. Records in the file of both staff revealed papers with information regarding . There was no certificate on file indicating the employees ' name, person conducting the training, or the hours spent on the training. An interview was conducted with the Administrator on about 12:45 pm. She confirmed no certificate had been issued and the number of hours spent on the training was not in place.

A review of employee files A, B, C, and D failed to reveal documentation of 1 hour training for training with certificate with employees name, date, and length of training, or the name of the trainer. An interview was conducted with the Administrator on about 10:45 am. She confirmed the above was not in the employee files for A, B, C, or D.

The employee files for Employee B, C and D were checked for 1 hour of training within 30 days for safe food handling. The file failed to reveal a date for training, the name of the trainer, or the amount of time spent in training. An interview was conducted with the Administrator on about 1:25 pm she confirmed there was not a date for the training, or amount of time spent in training, or a trainer name for employees B, C, and D.

The employee files for Employee B, C, and D failed to reveal 1 hour training for reporting major and adverse incidents and emergency procedures and evacuation. There files did not contain any indication of a date for the training, name of the trainer, or time spent in training. An interview was conducted with the Administrator on about 10:55 am and again about 12:45 pm. She confirmed the necessary documentation was not in place for Employees B, C, and D.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965645** | **07/03/2014** |
| 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) | | |

Employees C and D were found not to have elopement response training in their employee files. No indication was found for a date for the training, name of trainer, or training time. The Administrator was interviewed about 12:45 pm and confirmed that Employee C and D did not have documentation in their files.

The Employee file for Employee C was reviewed. No documentation of training for recognizing and reporting with date, time of training, or trainer could be found. The Administrator confirmed this omission during interview on about 1:45 pm.

During review of employee files C and D they were found not to have documentation of training for providing assistance with ADL training. The Administrator confirmed this omission in interview on about 10:55 am.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on staff interview, and facility record review the facility failed to have portion sizes listed on their menus, and failed to have appropriate spacing between the last meal of the day and the first meal of the day.

The Findings are:

An interview was conducted with the Dietary Manager on about 3:30 pm. He was asked for the menus for the residents. The menus were observed not to have portion sizes. The Dietary Manager was asked about the omission. He stated, " No, the menus do not have portion sizes. I just make sure they each have 4 ounces of protein and ½ cup of vegetables. No, I do not have any other listing with portion sizes. You can check with the Administrator to see if she has it on the signed menus. " An interview was conducted with the Administrator on about 3:45 pm who confirmed the menus do not have portion sizes.

The Dietary Manager was asked the times for meals in the facility on about 3:30 pm. He stated, " Breakfast is at 8 am, lunch is at noon, snacks are at 3 pm and supper is at 5 pm.

A follow-up interview with the Dietary Manager was conducted on about 10:25 am. He was asked how many hours is it from the last meal of the day and the breakfast meal. He stated, " Fifteen hours but residents can eat up until 6 pm which would make it 14 hours. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey including limited nursing services and change of ownership that was conducted on 2-3, 2014 by representatives 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 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com