| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965645 | 08/25/2014 |
| 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) | | |

**Revisit Corrected Tags:**
0025-Resident Care - Supervision-08/25/2014
0030-Resident Care - Rights & Facility Procedures-08/25/2014
0032-Resident Care - Elopement Standards-08/25/2014
0053-Medication - Administration-08/25/2014
0078-Staffing Standards - Staff-08/
0081-Training - Staff
0082-Training -
0085-Training - Nutrition & Food Service-0
0090-Training -
0091-Training - Documentation & Monitoring-
0093-Food Service - Dietary Standards-

**Revisit Repeat Tags:**
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

0000-Initial Comments

An unannounced revisit to the Biennial Licensure survey was conducted on 8/25/14. Gulf Breeze Courtyard Assisted Living Facility had repeat deficiencies found at the time of the visit.

A0052-Medication- Assistance With Self-Admin

Based on observation, interview, and record review, the facility failed to provide appropriate assistance with self-administration of medications for 1 of 4 residents being provided assistance with self-administration of medications (resident # 1).

The findings are:

An observation of staff A providing assistance with the self-administration of medications was conducted on between 11:00 am and 11:40 am. At approximately 11:27 am staff A was observed to place the medication (1 milligram tablet) into a medication cup with pudding. She entered the residents asked the resident if she wanted to take her The resident replied "yes". The med tech then raised the head of the bed, took a spoonful of pudding with the medication in it, and placed the medication and pudding in the mouth of the resident. The med tech was asked if she realized that if she placed the medication into the mouth of the resident, that she was actively administering medication, and only a licensed nurse is allowed to administer medications. The med tech replied "I didn't know that. She can't take the medication by herself". The med tech was asked if she had received any additional medication training since the recent Biennial Survey, and she replied "yes, I did". The resident's AHCA Form 1823 Health Assessment dated , and signed by a physician, was reviewed. Section 2-B, paragraph B indicates the resident needs help with taking her medications. The type of help for "needs assistance with self administration of medications" is checked. The indicating "needs assistance with self-administration of medications" has a check mark in it. The original physician order for (as written) 1 mg tablet oral (1)ea three times a day #90 (ninety)" was dated . An interview was conducted with The administrator at 11:55 A.M. She stated the med tech has been removed from medication assistance for the residents and returned to floor duty. She will not be allowed to assist with

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medications in the future. This is a repeat violation of the rule.

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 Revisit Survey conducted on 25, 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, and uncorrected deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 me at 850-412-4540.

Sincerely,

Patricia McGuire, RN

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

DH/pm
Enclosure

YOSF

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