STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	08/28/2014
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:
0054-Medication - Records-C
0056-Medication - Labeling And Orders-0

Revisit Repeat Tags:
0000-Initial Comments-

Revisit New Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced third follow-up to the licensure survey was conducted on 28, 2014. Gentle Care Assisted Living 3 had one new deficiency found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview the facility failed to obtain a completed and accurate Resident Health Assessment on AHCA form 1823 for 3 of 4 sampled residents. (Resident # 2, #3, and #4)

The findings include:

A record review for Resident #2 on revealed the Resident Health Assessment form dated was not completed in full. The type of assistance is needed with medications was left blank. The physician noted Resident #2 requires 24 hour nursing or care.

An interview was conducted with the Administrator at 3:00 PM on and she confirmed the information was missing concerning assistance with medications for Resident #2. She stated" I do not know why he checked the 24 hour nursing care. There have been no problems."

A record review for Resident #3 was conducted on and revealed the Resident Health Assessment form dated was inaccurate. Needs medication administered was checked.

A record review was conducted for Resident #4 on and the Resident Health Assessment form dated was incomplete. Diet instructions and type of assistance needed with medications was blank.

An interview with the Administrator on at 3:00 PM confirmed the documentation was incorrect and incomplete for Resident #3 and Resident #4. She confirmed that Resident #3 assist with self-administration with medication.

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

The deficiency 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 Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure

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