STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**11/25/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Gulf Breeze, Inc	**101 McAbee Court Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
On -25, 2014 an unannounced CHOW (with Limited Mental Health and Limited Nursing Services) Survey was conducted at Villas At Gulf Breeze Assisted Living Facility. At the time of survey there was deficient practice identified.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on Observation, Medication Observation Record (MOR), record review, staff and resident interview the facility failed to ensure medications were administer accordance to Physician's orders for one of seven residents observed for medication pass (#12).

The findings are:

Observation on / at 12:40 PM, staff C administered 1 gm. Review of the MOR and medication label indicated the following: 1gm (gram) "take one tablet by mouth four times a day on an empty stomach 1 hour before meals and at bedtime.
Review of the Agency for Health care Administration (AHCA) form 1823 dated by the Advanced Registered Nurse Practitioner (ARNP) had the order for as written above.
Review of the Physician orders from following a Physician's visit the Physician authorized to continue the order as listed above.
Observation on / it was noted the lunch meal was served at noon.
The following interviews were conducted at approcimately 1:10 PM on :
Interview with the resident indicated she had already eaten her lunch.
Interview with staff C agreed the medication was to be given on an empty stomach.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

RE: CHOW Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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