State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966430	A. Building B. Wing	4/13/2015

Name of Facility	Street Address, City, State, Zip Code
GENTLE CARE ASSISTED LIVING, I	66 BLARE CASTLE DRIVE PALM COAST, FL 32137

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 04/13/2015	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 04/13/2015	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				
Followup to Survey Completed on:		_____	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	R **04/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GENTLE CARE ASSISTED LIVING, I	**66 BLARE CASTLE DRIVE PALM COAST, FL 32137**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the licensure survey was conducted on . . . Gentle Care Assisted Living had deficiencies that were identified at the visit.

0008 - Admissions - Health Assessment - 58A-5.0181(2) FAC

Based on resident record review and staff interview the facility failed to obtain completed Health Assessment Form for 1 (Resident #3) out of 3 residents sampled.

The findings include:

On . . . a record review was conducted for Resident #3 and it revealed a Health Assessment Form (1823) that was not complete. The 1823 was not dated and the type of assistance with medications was not indicated. (See photographic evidence).

On . . . at 11:40 Am a staff interview was conducted with facility administrator and she confirmed there was no date on the 1823 for Resident #3 and couldn't determine when it was completed. In addition, the administrator confirmed the method of assistance that Resident #3 was to receive for medications was not marked.

CLASS III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review, and interview, the facility failed to assist with self-administration with medications in accordance to 429.256 by having unlicensed staff assist with . . . treatments for 1 of 1 resident (Resident #7).

The findings include:

An observation of Resident #7 on . . . at approximately 11:10 AM revealed she was in bed. At the head of her bed, a . . . machine was observed.

In an interview with Employee X on . . . at 11:20 AM, she reported that Resident #7 receives . . . treatments three times a day. She reported that Resident #7 cannot assist, due to hand . . . Employee X reported that she takes the medication from storage, places the medication in the machine, places the mask on Resident #7 and turns the machine on. She reported that she was not a licensed staff and was hired as a caregiver.

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 1

A review of Resident #7 ' s Resident Health Assessment (1823) dated revealed she was coded as requiring assistance with medication.

A review of the 2015 Medication Observation Record (MOR) for Resident #7 revealed an order for one ampule every 6 hours. The medication was signed off as given four times a day. Employee X ' s signature was noted as signing for the medication given on 8, 9, 10, 11 & 12.

A review of Employee X ' s personnel record revealed she was hired on as a caregiver. She was trained in providing assistance with self-administration with medications on . There was no update of this training located in Employee X ' s file.

In an interview with the Administrator on at 12:27 PM, she confirmed that unlicensed staff were assisting with Resident #7 ' s treatments. She confirmed that Employee X ' s training with self-administration of medication was outdated, and confirmed that the two hour required annual update was not completed.

Class III

0077 - Staffing Standards - Administrators - 58A-5.019(1) FAC

ST-A0077

Based on record review, observation, and interview, the Administrator failed to provide oversight for the operation and maintenance of the facility.

The findings include:

The facility was cited at ST-A0008 on for failing to have an updated and complete Resident Health Assessment for Resident #3. During the follow up visit, conducted on , the facility was cited at ST-A0008 for failing to have an updated and complete Resident Health Assessment for Resident #3.

The facility was cited at ST-A0167 on for failing to have a contract with a provision for a 30 day notice in the event of an increase in rent for Residents #3 and #5. During the follow up visit, conducted on , the facility was cited at ST- A0167 for failing to have a contract with a provision for a 30 day notice in the event of an increase in rent for Residents #3 and #5.

In an interview with the Administrator on at approximately 12:20 PM, she confirmed that the Resident Health Assessment was still incomplete for Resident #3. She confirmed that although she made a new contract with a provision for a 30 day notice in the event of rental increase, she did not have Resident #3 or #5 sign the new contract. She had no documentation that she reviewed the provision with Resident #3 and #5.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0077 Continued From page 2

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 of 4 sampled employees (Employee X) had training documentation of the required two hour annual update on assistance with self-administration of medication.

The findings include:

A review of Employee X ' s personnel record revealed she was hired on ... as a caregiver. She was trained in providing assistance with self-administration with medications on ... There was no update of this training located in Employee X ' s file.

In an interview with the Administrator on ... at 12:27 PM, she confirmed that Employee X ' s training in assistance with self-administration of medication was outdated, and confirmed that the two hour required annual update was not completed.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview, the facility failed to include a provision for a 30 day written notice for any rate increase for 2 (Resident #3 & Resident #5) of 3 residents sampled.

The findings include:

On ... a record review was conducted for Resident #5 and it revealed the resident's contract did not have a provision for a 30 day written notice will be given for any rate increase.

On ... a record review was conducted for Resident #3 and it revealed the resident's contract did not have a provision for a 30 day written notice will be given for any rate increase.

On ... at 11:50 a staff interview was conducted with the Administrator and she confirmed that the contracts for Residents #3 & #5 did not include a provision for a 30 day notice of any rate increase. She stated " I have a new contract but didn't realize I needed them to sign it."

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Gentle Care Assisted Living, I
66 Blare Castle Drive
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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 this office at (904) 798-4201.

Sincerely,

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

JM/sm
Enclosure

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