STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**05/01/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey for CCR 2015003737 in conjunction with a Limited Nursing Services (LNS) monitoring visit was conducted at Villas at Gulf Breeze on . Deficient practice was found at the time of the survey in relation to the complaint.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation of overflow storage, staff interview, and record review the facility failed to dispose of medications for 1 of 1 resident (#8) within 30 days of .

The findings:
On about 9:50 am the overflow storage locker was viewed with the Acting Director of Nursing (DON) and a Licensed Practical Nurse (LPN). The medications were checked for expiration dates and resident discharges. One small plastic container was found for Resident #8 containing medication 100 gm (grams)/5 ml (milliliter) concentrated liquid (12 ml) left, and medication 0.5 mg #26 pills for use under the tongue and by mouth. There is not a log for these medications attached. The DON relayed that the resident was under 24 care of hospice until her .
A review of hospice logs provided by Hospice was completed. The log is dated and indicate the correct amount of the medication , and the correct number of the medication . The log also indicated the resident had medication norco mg #29 tablets. The DON brought the destruction logs for the facility which showed the norco had been destroyed in .
Further interview with the DON was conducted on about 10:30 am. The DON confirmed the resident had been gone a long time. She was shown the date of the log which was and confirmed it was the date Resident #8 .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015003737 & LNS MONITORING

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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 Donah Heiberg, MSW.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh

Enclosure
XG90

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