STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	R
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING, I**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 follow up survey to the licensure survey and first revisit survey was conducted at Gentle Care Assisted Living I on 2015. Gentle Care Assisted Living I had uncorrected deficiencies found at the time of the follow-up visit.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to obtain a completed AHCA Form 1823 Resident Health Assessment for one of five sampled residents. (Resident #2)

The findings include:

A record review for Resident #2 revealed page four of AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, did not have the type of medication assistance needed by Resident #2. Neither of the two options where checked. The name of the examiner, address of the examiner, title of the examiner, and phone number were also left off of the form.

The findings were confirmed by the Administrator on at 4:00 PM. She could not locate another health assessment form.

This was previously cited on and

Class III

0077 Staffing Standards - Administrators

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 and during the revisit on for not having an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	R 07/09/2015

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)

updated and complete Resident Health Assessment for Resident #3. During the second revisit on ..... the facility was cited at ST-A0008 for not having a complete Resident Health Assessment for Resident #2.

The facility was cited at ST-A0167 on ..... and during the revisit on ..... for failing to have a contract with a provision for a 30-day notice in the event of an increase in resident fees for Resident #3 and #5. During the second follow up visit on ..... the facility was cited for A0167 for not having the base charge and additional charges on the contract for Resident #2, and not having evidence, the provision of the 30-day notice of rate increase was given to Resident #2 or her representative.

Class III

0167 Resident Contracts

Based on record review and staff interview, the facility failed to ensure the contract for one of five sampled residents (Resident #2) contained the monthly rate and any additional charges. The facility also failed to ensure the provision of at least 30 days written notice of rate increase was included in the contract for one of five sampled residents. (Resident #2)

The findings include:

A record review of the contract for Resident #2 revealed the base charges and additional charges were not written in the spaces provided on the contract.

A record review revealed the contract page with the missing charges contained the information on rate increases. There was no evidence on the page that the form was given to the Resident or the Resident's representative.

The findings were confirmed during interview with the Administrator on ..... at 4:25 PM. This was previously cited on ..... and .....

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966430	A. Building B. Wing	7/9/2015

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC		ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: [signature]	Date: 7/20/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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 **second** State Licensure Revisit Survey conducted on 9, 2015 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, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor

NH/JM/sm
Enclosure

YOSF

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