RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

RE: CCR #2015005121

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

Tallahassee Field Office
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Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	07/23/2015
NAME OF PROVIDER OR SUPPLIER **GULF BREEZE COURTYARD**	STREET ADDRESS, CITY, STATE, ZIP CODE **3428 GULF BREEZE PARKWAY** **GULF BREEZE, FL 32561**	

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

0000 Initial Comments

CCR 2015005121

An unannounced complaint survey for CCR 2015005121 was conducted at Gulf Breeze Courtyard assisted living on . Deficient practice was found at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation of semi-private , staff interview and record review of resident service plans the facility failed to provide privacy for incontinence care for 2 of 9 residents requiring incontinence care (#2 and #8).

The findings are:

An observation of semi-private occurred on about 10:45 am . The found not to have any type of divider between the two beds to screen one bed from the other.

According to census records and resident service plans there are five at this time that are semi-private. Of the five semipriavet , there was a total of 8 residents who required incontinence care.

A staff interview was conducted with Employee G on about incontinence care after residents have gone to bed. She says that incontinence care is provided after going to bed. When asked how she ensures privacy for the resident receiving care, she stated, "It would be easier to have screens in the ." Another employee interview with resident assistant Employee F was asked the same question and she replied, "The would be sleeping".

An interview was conducted with the Administrator on about 3:13 pm. She indicated there were two residents she feels should not be gotten out of bed for incontinence care during the night and taken to the . Resident #2 would be too unsteady, and #8 would not be able to sit on the commode. She was asked if there was any barrier to prevent the resident from being exposed to her while care was being provided. She confirmed there was not a barrier in the resident semi-private . She then stated, "Yes we should ensure their privacy."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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