STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	03/01/2016
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **27 ROLLING SANDS DR** **PALM COAST, FL 32164**	

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

0000 Initial Comments

A biennial licensure survey was conducted at Gentle Care Living 3 on , 2016. Deficiencies were not identified.

0008 Admissions - Health Assessment

Based on a review of resident records, and interview with the Administrator, the facility failed to obtain complete information on the resident health assessment (AHCA form 1823) for 1 of 2 sampled residents whose records were reviewed (Resident #4).

The findings included:

A record review for Resident #4 found a resident health assessment dated and signed by the examining practitioner. Resident #4 had diagnoses including muscle , , and . She required assistance with the self-administration of her medications. The examining practitioner failed to indicate whether Resident #4's needs could be met in an assisted living facility, and did not indicate if this resident was a harm to herself or others.

An interview was conducted with the Administrator at 12:05 pm on . She reviewed the assessment and confirmed the omissions. She stated the physician would be here today and would correct the 1823 for Resident #4.

Class III

0054 Medication - Records

Based on resident and staff interviews, and resident record review, the facility failed to maintain accurate daily medication observation records (MORs) that reflected missed dosages, refusals, or errors, for 1 of 5 sampled residents whose MOR was reviewed (Resident #5). The facility failed to include the telephone number of the residents' health care provider on the medication observation records for 5 of 5 residents whose MORs were reviewed (Residents #1, #2, #3, #4 and #5).

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

During an interview with Resident #5 at 10:15 am on /, he stated he had run out of one of his medications recently, and did not receive it for some time. Review of the MORs found Resident #5 received Tamulosin (a medication prescribed for retention) 0.4 milligrams (mg),ever day at 8:00 pm. Between / - /, the corresponding signature box for Resident #5's Tamulosin had Employee A's initial with a circle around it. There was no explanation on the back of the MOR, or in the resident record, indicating why the initials were circled, or any explanation whether the medication was given or not. In addition, Resident #5's physician's telephone number was not printed on the MOR.

A review of the MORs for Residents #1, #2, #3 and #4 found no physician telephone numbers were listed, as required.

An interview was conducted with the Provider at 12:05 pm on /. She reviewed the MORs, and confirmed the missing physician telephone numbers for all residents. In a second interview at 12:15 pm, she stated Employee A should have written an explanation on back of the MOR indicating (why) the medication was not given.

An interview with Employee A at 1:37 am on / found she did not recall why she circled her initials on Resident #5's MOR in .

A telephone call was placed to the dispensing pharmacy for Resident #5's medication at 12:20 pm on /. The pharmacist researched Resident #5's record and stated she would have to research this further. She stated it was long ago, and was not sure if she could locate the information. The pharmacist said she would call back if she could determine what happened during the month of . No return call was ever received from the pharmacist. A second call was placed to the pharmacy at 11:25 am on . The pharmacist was interviewed, and was able to determine Resident #5's medication was transferred to their pharmacy in . They filled the prescription for Tamulosin on /, but only dispensed 15 pills. It was not filled again until /. She was unable to determine why it was not filled during the month of . She did not know if the patient already had the medication himself.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gentle Care Assisted Living 3
27 Rolling Sands Dr
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 this office at 4201.

Sincerely,

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

LL/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com