RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 19, 2016

Gulf Breeze Courtyard
3428 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Attention: Tamie Frazier, Administrator

Dear Ms. Frazier:

This letter reports the findings of a licensure and complaint survey (2016001247) conducted April 6-8, 2016 by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's request as directives below:

The inspection resulted in findings of non-compliance in the following areas:

A 0025 – Resident Care – Supervision - The facility failed to provide necessary care and follow-up related to prescribed medication and health care for three of ten sampled residents.

You are directed to comply with the following:

1) The Administrator, Director of Nursing and all facility employees must complete the 4-hour training on Assistance with Self-Administration of Medication from a licensed pharmacist or Registered Nurse. The documentation of completion of this training should include the name of the trainer, credentials, location of training, and number of hours of training provided, and must be maintained in each employee's employee file, and be available for Agency staff to review upon request. This must be completed no later than **May 8, 2016.**

2) The facility must establish a medication policy that will address the following:

A) Obtaining/ordering resident medications from the pharmacy,
B) Who has access to medication;
C) What to do in the event that medication is reported missing by residents or staff, to whom it should be reported, and where it should be documented;

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D) Procedure for pain medications and "as needed" medications,

E) When to contact a resident's health care provider and responsible party if the resident does not receive prescribed medication.

All current and future staff must be trained on this policy and these steps and be able to demonstrate knowledge of this policy. Documentation of this training must be maintained at the facility and available for Agency staff to review upon request. This must be completed no later than May 8, 2016.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Laura Manville**, ALF Enforcement Team Manager, Survey and Certification Support Branch, at (727) 552-1955 or **Donah Heiberg**, Tallahassee Field Office, 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	**04/08/2016**
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

Complaint #2016001247 was investigated at Gulf Breeze Courtyard on 4/6-8/2016. At the time of survey the facility had no deficiencies. The allegation in complaint was not substantiated.