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	AL11966430	10/05/2016
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 off-year monitoring survey, in accordance with Florida Statute 429.28, was conducted at Gentle Care Assisted Living (License #10635) on . Deficiencies were identified at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observations, and staff interviews, the facility failed to post an activity calendar in a common area and to conducted activities for a minimum of 12 hours a week / 6 days a week for all of the 5 residents currently residing in the facility.

The findings include:

A tour of the facility was conducted on at 9:35 AM and a activity calendar was found posted in the hallway. (photographic evidenced obtained)

Multiple resident interviews where conducted and the residents complained of not having activities at the facility and all they do is watch TV.

During the time of survey from 9:30 AM to 1:30 PM no activities were observed being conducted at the facility. All resident's were observed watching TV in the main living the length of the visit.

An interview was conducted with Employee A, on at 1:21 PM who confirmed she didn't conduct any activities for today and didn't know what was scheduled on the activity calendar. Employee A was asked if she normally conducted activities with the resident's and she confirmed she doesn't due to the lack of resident participation.

An interview with the Administrator on at 1:25 PM confirmed the facility has a activity calendar but forgot to post it. A review of the activity calendar for today's date ( ) reveals 9-10 am morning exercise, - daily news flash, 1-2 bingo, 3-4 spa treatment , 6-7 music.

CLASS III

0030 Resident Care - Rights & Facility Procedures

Based on observations, record reviews and staff interviews the facility failed to post the required numbers for lodging a complaint in full view in a common area accessible to all residents. In addition the

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facility failed to include Resident Rights in admission package for Resident #1 and Resident #2 out of 2 resident records sampled.

The findings include:

An observation of the facility was conducted on at 9:40 AM and the required posting was not found.

1) An observation was conducted on at 10:52 AM of the Administrator in her office (which is off of the main living curtain is usually closed and lights off). Upon entering the office the required posting is observed on a cork board leaning on a shelf in her office and was not accessible to residents.

An interview with the Administrator on at 11 AM confirmed the required posting was not up in the facility. She stated " I am renovating and I normally have them on my wall but haven't put them back up." The Administrator confirmed even if hanging in the office the posting is not viewable to residents and family members.

2) Record reviews were conducted for Resident #1 and Resident #2 and no documentation could be found to verify the resident or family members received Resident Rights.

An interview with the Administrator on at 11:05 confirmed there was no documentation to verify the Resident or responsible party had been informed of resident rights in Assisted living.

CLASS III

0032 Resident Care - Elopement Standards

Based on facility record review and staff interviews, the facility failed to conduct elopement drills as pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S. for all staff and residents who are currently working and living at the facility.

The findings include:

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Upon entering the facility on at 9:45 AM the Administrator was asked for the facilities Policy and Procedures on Elopement.

A review of the facilities elopement drill revealed the last drill performed was dated and only 2 employees were in attendance. Both employees no longer work at the facility.

An interview with the Administrator on at 11:42 AM confirmed the facility did not have evidence that elopement drill had been performed. She stated, "I have them but the papers are all over the place and I'm trying to find them and put them in a book."

CLASS III

0054 Medication - Records

Based on observation, record reviews and staff interviews, the facility failed to ensure that the medication observation record (MOR) accurately reflected the correct administration time of a medication for 1 resident observed for assistance with self administration of medication (Resident #3)

The findings include:

An observation was conducted on at 1:00 PM of Employee A, assisting Resident #3 with his 2 PM medications. The employee handed the resident a pre-filled packet from the pharmacy which housed 3 medications one of them being 500 milligrams (mg) 1 tablet.

A review was conducted of the medication label for Resident #3 medication 500mg which reads 1 tablet by mouth with dinner. (photographic evidence obtained)

A record review was conducted of the Medication Administration Record for Resident #3 which revealed the resident was to take 500mg 1 QD at 2 PM. (photographic evidence obtained)

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An interview with Employee A on at 1:09 PM confirmed the MOR for Resident #3 500mg reads to give the medication at 2 PM but the packaging says to give at dinner.

An interview with the Administrator on at 1:10 PM confirmed the MOR and medication label for Resident #3 was not the same and needed to be changed She stated " We will start giving it to him at dinner."

CLASS III

0055 Medication - Storage and Disposal

Based on observations, and staff interviews, the facility failed to properly store medications in the facility in a locked secure area for 5 out of 5 residents receiving medication assistance.

The findings include:

Upon entering the facility on at 9:30 AM an observation was conducted of the cabinets where medications are stored. The cabinet was observed unlocked and not secured. In addition, medications (325mg and 2 bottles of 50mg) were observed on top of the desk in the main dining Resident #4. (photographic evidence obtained)

An observation was conducted on at 9:40 AM of the keys for the locks on the medication cabinet. The keys were located on a key ring hanging from the lock on the front door. (photographic evidenced obtained)

An interview with the Employee A on at 1 PM confirmed the medication cabinets were left unlocked and she leaves her keys in the lock in the front door of the facility.

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An interview with the Administrator on at 1:10 PM confirmed medications are not secured for Resident #4 and should be locked in the cabinet.

CLASS III

0078 Staffing Standards - Staff

Based on record review and staff interviews, the facility failed to have a written statement from a health care provider documenting employees were free of communicable and provide evidence of a negative ( ) examination for Employee B out of 5 employees files sampled.

The findings include:

An employee record review was conducted for Employee B, which revealed a hire date of . A written statement to verify the employee was free of communicable or evidence of a negative test was not found.

An interview with the Administrator on at 12:49 PM confirmed Employee B, did not have a written statement she was free of communicable or evidence of a negative screening.

CLASS III

0079 Staffing Standards - Levels

Based on record review and staff interviews, the facility failed to have 1 staff member trained in Recitation ( ) and First Aid at all times in the facility for Employee's B and D, out of 4 employees records that were sampled.

The findings include:

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A review was conducted of the facility schedule which revealed Employee B worked on the days of 10/3 and by herself. In addition Employee B was to work 9 days which is listed on the calendar at the facility dated up to , 2016. (photographic evidence obtained)

A record review was conducted for the Employee B, which revealed a hire date of and no evidence was found the employee was trained in and First Aid as required.

An interview with the Administrator on at 12:49 PM confirmed Employee B did not have training in or First Aid and works at the facility by herself when scheduled.

2) An interview was conducted with Resident #4 at 11:20 AM who confirmed Employee D works in the facility alone from 11-7 AM.

An interview was conducted with Resident #3 at 11:33 AM who confirmed Employee D works in the facility alone from 11-7 AM.

An employee record review was conducted for the Employee D, (hire date unknown) and no evidence was found to verify the employee was trained in and First Aid.

An interview with the Administrator on at 12:33 PM confirmed Employee B did not have training in or First Aid and works at the facility by alone on 11-7 shift. The Administrator confirmed she did not have Employee D listed on the facility schedule but worked alone on the 11-7 shift.

CLASS III

0081 Training - Staff In-Service

Based on employee record review and staff interviews, the facility failed to properly train staff for 1 hour within 30 days of hire in incident reporting, control, facility emergency and evacuation procedures, resident rights, recognizing and reporting , neglect, and , food safety and handling, and elopement response policies and procedures for Employee's B & D out of 3 employee records that were sampled

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The findings include:

A employee record review was conducted for Employee B which revealed a hire date of no evidence was found the employee received training in control, emergency and evacuation procedures, food safety and handling, elopement response and policies and procedures, recognizing and reporting , neglect, and .

An interview with the Administrator on at 12:49 PM confirmed the facility did not have evidence Employee B received the required training in incident reporting, control, facility emergency and evacuation procedures, resident rights, recognizing and reporting , neglect, and , food safety and handling, and elopement response policies and procedures.

2) An interview was conducted with Resident #4 at 11:20 AM who confirmed Employee D works in the facility alone on the 11-7 shift.

An employee record review was not able to be conducted for Employee D due to no file found was maintained in the facility.

An interview with the Administrator on at 12:33 PM confirmed Employee D worked the 11-7 shift and the facility did not have employee file and could not provide documentation the employee received training in control before providing care to the residents as required.

CLASS III

0090 Training -

Based on record reviews and staff interviews, the facility failed to train direct care staff in Do Not Resituate Orders ( ) within 60 days of hire for Employee C out of 3 employee files sampled.

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The findings include:

An employee record review was conducted for Employee C which revealed a hire date of . No evidence could be found that the Employee received training in within 60 days of hire.

An interview with the Administrator on at 12:40 PM confirmed Employee C did not have documentation she received training in .

CLASS III

0152 Physical Plant - Safe Living Environ/Other

Based on observations, and staff interviews, the facility failed to maintain a safe and sanitary living environment, affecting all 5 of 5 resident's residing in the facility.

The findings include:

Upon entering the facility at 9:30 AM an observation conducted of the front door being locked with a keyed bolt and a latch at the top of the door. (photographic evidence obtained)

An observation was conducted on at 9:40 AM during the tour of the facility of brown colored substance to the shower curtain in the #. In the) the hallway by # a cabinet door is observed missing. Multiple areas of brown colored substance are observed through out the facility on walls, floors and commodes. (photographic evidence obtained)

An interview on at 10:05 AM with the Administrator confirmed the front door is to remained locked and the keys are not kept in the door due to Resident #2 will try and get out of the facility. She stated "His wife lives around the corner and he will try and get out and go home so we lock the door and take the key so he can't get out."

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An interview was conducted on at 10: 40 AM with the Administrator confirmed the areas of concern with brown stains on the walls and commodes, on the shower curtain and the door missing in the . She stated the facility is being renovated and will be fixed.

CLASS III

0160 Records - Facilitv

Based on record reviews and staff interviews, the facility failed to maintain an up to date admission and discharge log.

The findings include:

1) Upon the Administrators entrance on at 9:40 AM she confirmed the facility census was 5. The Administrator was asked at this time for the facility admission/discharge log.

A review was conducted of the facility Admission/discharge log which revealed 6 residents listed as residing in the facility.

An interview with the Administrator on at 9:55 AM confirmed the Admission/discharge log was up to date an accurate and there was only 5 resident's living at the facility and Resident #6 should have been taken off the log.

CLASS III

0161 Records - Staff

Based on employee record reviews and staff interviews, the facility failed to maintain employee personnel records which consist of a minimum of background screening, documentation verifying freedom from signs and symptoms of communicable , and participation in resident elopement drills for 2 employee's out of 4 sampled (Employee B and D) and failed to maintain written works

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schedules for the most recent 6 months

The findings include:

1) An employee personnel review was conducted for Employee B which revealed a hire date of . No evidence could be found to verify the employee had an eligible Level II background screening, or documentation of compliance with training for in control, emergency and evacuation procedures, food safety and handling, elopement response and policies and procedures, and recognizing and reporting , neglect, and or documentation to verify freedom from signs and symptoms of communicable and negative reading for .

An interview with the Administrator on at 12:49 PM confirmed the facility did not have documentation in the employee personnel file for an eligible Level II background screening, documentation of compliance with training for in control, emergency and evacuation procedures, food safety and handling, elopement response and policies and procedures, recognizing and reporting , neglect, and and documentation to verify freedom from signs and symptoms of communicable and negative reading for .

2) An interview was conducted with Resident #1 on at 11:20 AM who confirmed Employee D worked at the facility on the 11-7 shift.

An interview was conducted with Resident #3 on at 11:33 AM who confirmed Employee D worked at the facility on the 11-7 shift.

The Administrator was asked for Employee D's personnel file. The Administrator confirmed on at 1:20 PM that Employee D worked at the facility on the 11 PM-7 AM, shift (hire date unknown) and did

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not have an employee file at the facility for the employee.

3) An interview with the Administrator on at 10:30 AM confirmed she does not have a posted staffing schedule and was not able to find a schedule for the past 6 months. She stated " I tell them what they are working - Employee A works the same so she knows."

The Administrator brought an calendar with all the days marked with employee initials to show which days they work. (photographic evidence obtained)

An interview with the Administrator on at 1:20 PM confirmed Employee D works for her and he wasn't listed on the facility schedule. Upon further review of the schedule the Administrator is listed for 24 hours straight for multiple days and was asked if she works all those days and she stated "If I can't do it I will have Employee D do it for me."

CLASS III

Z813 Results of Screening & Notification in File

Based on employee record review and staff interview the facility failed to have Level II background screening results in the employees file for 3 Employee's (Employee C, D, & E) out of 5 employee records sampled.

The findings include:

1)A review of Employee C's personnel file revealed a hire date of an there was no evidence of an eligible Level II eligible background screening found in the employee record.

An interview with the Administrator on at 12:53 PM confirmed the Background screening results for Employee C are not in her employee file.

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2) A review of Employee D's personnel file revealed an unknown hire date an no evidence of an eligible level II background screening was found.

A review of the Background screening website revealed Employee D had an eligible background screen dated [redacted].

An interview with the Administrator on [redacted] at 1:00 PM confirmed the facility did not have Background screening results for Employee D in his employee file.

3) A review of Employee E's personnel file revealed a hire date of [redacted] and there was no evidence of an eligible level II background screening found in the employee record.

An interview with the Administrator on [redacted] at 12:55 PM confirmed the Background screening results for Employee E are not in her employee file.

UNCLASSIFIED

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that all employees currently working at the facility were listed on the facility's employee roster on the Agency for Health Care Administrations (AHCA) background screening website (employees A, C & E)

The findings include:

A review of Employee A's personnel file revealed a hire date of [redacted] with an eligible level II background screening dated [redacted].

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A review of Employee C's personnel file revealed a hire date of with an eligible level II background screening dated .

A review of Employee E's personnel file revealed a hire date of with an eligible level II background screening dated .

A review of the Agency for Health Care Administration's background screening website on at 5:30 PM revealed the facility employee roster was blank.

An interview with the Administrator on at 12:05 PM confirmed she had not completed the employee roster on the AHCA background screening site for the employees currently working at the facility.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on employee record review and staff interviews, the facility failed to perform level II background screening on all staff before having direct patient contact for Employee B out of 5 employee records sampled for Background screening.

The findings include:

A record review was conducted for Employee B, which revealed a hire date of and no evidence was found in the employee file of an eligible Level II background screening was done.

An interview with the Administrator on at 12:45 PM confirmed Employee B did not have an eligible background screening result in her chart and could not verify it was done. A review of the Agency's Background Screening website on revealed no results for Employee B.

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UNCLASSIFIED

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

"REVISED COPY"

Administrator
Gentle Care Assisted Living, I
66 Blare Castle Drive
Palm Coast, FL 32137

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

Jana Meyering, RN
Health Facility Evaluator Supervisor
Division of Health Qualtiy Assurance

AF/JM/sm
Enclosure
XG90

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