STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	03/30/2017
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

An unannounced biennial licensure survey with limited nursing services and limited mental health services was conducted on 29 through , 2017 at the Gulf Breeze Courtyard assisted living facility, license number 9976. This was done in conjunction with a complaint survey for allegations contained within CCR#2017001923. The facility had deficiencies found at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure the Agency for Health Care Administration (AHCA) Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was complete for 2 of 7 sampled residents whose records were reviewed. (#1 and 16).

The findings are:

Record review for sampled resident #1 revealed the most recent AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was dated . The physician failed to indicate the type of assistance the resident needed with medications. Interview with the resident care director on at approximately 3:11PM confirmed this was the resident's most recent physician assessment and that it did not contain this information.

Record review for sampled resident #16 revealed he was admitted to hospice on . Record review revealed a AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 completed . Continued review revealed another partially completed AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 by the physician which indicated the need for hospice care but it was not dated as to the date of the examination. Interview with the resident care director on at approximately 2:06 PM confirmed these findings and stated she would contact the physician.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on observation, personnel record review and interview the facility failed to ensure direct care staff received the required specialized training in working with residents with mental health diagnosis for 1 of 4 sampled employees (D).

The findings are:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	**03/30/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Observation of the facility's State of Florida, Agency for Healthcare Administration license revealed the facility was licensed to provide services to residents with mental health diagnosis.
Review was conducted of the personnel record for the facility administrator, sampled staff D, with a hire date of . Record failed to reveal any documentation of any specialized training in working residents with mental health diagnosis. Interview with sampled staff D, the administrator, on at approximately 1:45PM revealed she had been employed since . She was initially employed as a resident aide and then was promoted to the program director of activities and then in of 2016 she was promoted to the position of administrator of the facility. When asked if she had ever received any limited mental health training she stated she had not.

Class III