STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	R **06/27/2017**
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

A revisit to the biennial survey conducted was conducted in conjunction with a biennial relicensure survey at Gentle Care Assisted Living (Lic # 10635) on . . . . The facility had continued deficient practice at the time of the survey.

0008 - Admissions - Health Assessment - 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to have a fully completed Health Assessment (1823) for 1 of 2 sampled residents, Resident #2.

The findings include:

Review of the clinical record for Resident #2 revealed she was admitted on . . . . . . The resident had an incomplete 1823. It was missing information from Page 4, of whether or not the resident required assistance with medication administration.

On . . . . . at 11:00 a.m. the Facility Manager confirmed the complete Health Assessment was not in the record.

On at 12:15 p.m., the Facility Manager stated she found Page 4. However, she confirmed that the physician did not put the date that he completed the Health Assessment (1823) for Resident #2.

Class III