STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	**11/03/2017**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING INC 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **77-A BRUNSWICK LANE** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted from to at Gentle Care Assisted Living, Inc.2 (License #11197). Deficient practice was identified during the survey.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on observation, interview, and record review, the facility failed to ensure third party services were carried out for 1 of 5 residents sampled (Resident #1).

The findings include:

An interview was conducted with Resident #1 at 10:00 am on . He stated he had some issues with one staff member who worked at night. She did not like to help him with his "pump boots" that zip up his legs, and "keep the water out" of them (, or). The boots plug into a machine and go (inflate) to 50 PSI (pounds per square inch). He did not know why she didn't like to help with the boots. He speculated it was maybe because she knew they hurt him sometimes.

An interview was conducted with Employee A, caregiver, at 11:00 am on . She stated Resident #1 had a device he was supposed to place on each of his legs. When turned on, this device applied pressure to his legs. Resident #1 was to use this 2 times daily for an hour, but he usually did not last the entire hour because he said it could hurt. Employee A stated she had to assist him with putting them on, that he could not apply the device himself.

A review of Resident #1's record revealed he received home health services, and had a Certification and Plan of Care for the time period - . Resident #1 had diagnoses including type 2 with angiopath without . Occupational was noted to start and the instructions included the following: Provide education and instruction on donning/ doffing (putting on and taking off) compression products, safety precautions with use of compression wear, and proper wear schedule. Provide education on various compression products including compression garments (compression bandage alternatives, and inelastic adjustable compression products ... for lymphedema management on LLE (left lower extremity). The summary for the certification period from - noted Unna with compression wraps to BLEs (lower extremities).

During an interview with the Administrator at 11:08 am on , she stated home health came three times a week for Resident #1. She accompanied this surveyor to Resident #1's request, to show the compression sleeves used for this resident. The device consisted of 2 blue leg-length inflatable sleeves that connected to a control unit for setting air pressure. She offered to put them on for Resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE CARE ASSISTED LIVING INC 2	77-A BRUNSWICK LANE PALM COAST, FL 32137

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

#1, but he deferred until after lunch. One knee-length compression stocking, or hose, was observed on the floor in Resident #1's .

A second interview was conducted with Resident #1 at 2:45 pm on . He confirmed again that facility staff assisted with the compression sleeves because his left hand was not functional.

In an interview with the Administrator at 3:00 pm on , she said facility staff only helped Resident #1 with applying the compression sleeves in the proper direction. She insisted he could adjust the pressure. Resident #1, who was in the , corrected her. He said he could not apply the sleeves, nor see well enough to set the pressure of the machine.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, resident record review, and interview, the facility failed to provide accurate assistance with self-administration of medications by failing to provide medications as ordered by the physician for 1 of 5 residents observed (Resident #1), and failed to observe 1 of 5 residents (Resident #3) take her medications once dispensed in accordance with procedures described in Section 429.256, F.S.

The findings included:

1. An observation was conducted of Resident #1 at 8:30 am on as Employee A, Caregiver, assisted him with the self-administration of his medications. She read the medication observation record (MOR), then retrieved Resident #1's packet and one single bottle of medication from a locked cabinet. Employee A dispensed the following pills from the pack into a cup; (anti-depressant, also treats nerve pain) 60 milligrams (mg), ( ) 20 mg, (medication) 300 mg, Levetracitam (anti- medication) 500 mg, (for) 500 mg, Quietapine (anti-) 100 mg, ( ) 20 mg, and , (medication for high , and fluid retention) 50 mg. She dispensed 2 S ( ) tablets from a bottle, and one more , 50 mg pill from the second bottle. Resident #1 took his medications as prepared by Employee A.

A review of the MOR revealed Resident #1 was to receive , 50 mg, one tablet by mouth daily in the morning 8:00 am. A second hand-written entry on the MOR also said , 50 mg,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE CARE ASSISTED LIVING INC 2	77-A BRUNSWICK LANE PALM COAST, FL 32137

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

take one tablet 8:00 am. Inspection of the pharmacy-issued label on the pack that the 1st dose of , was dispensed from instructed " , 50 mg, Morning". The label on the bottle instructed " , 50 mg , take 1 tablet by mouth each evening in addition to the morning dose".

A telephone interview was conducted with the pharmacist on at 2:55 pm for clarification as to the current and correct order for the , . He confirmed the current order was , 50 mg twice a day. He stated the dose in the bottle was intended for the evening dose, and was not to be given with the morning dose, as was observed this morning; He clarified, 50 mg in the morning, and 50 mg in the evening.

An interview was conducted with the Administrator at 3:00 pm on . She stated the , was being given all in one dose each morning, and that it was in error.

2. An observation was conducted of Resident #3 at 8:50 am on . Employee A assisted the resident by dispensing the following medications into a cup: 500 mg, , (blocker) extended release (er) 25 mg, er (cognition enhancer) 28 mg, , er (channel blocker) 60 mg, B6 100 mg, , 81 mg, and B1 100 mg. She handed the cup containing the pills, along with a glass of water, to Resident #3. From another location in the facility, a male resident called out to Employee A. She walked away from Resident #3, who was still holding her cup of medications, and entered the resident's , where she remained for approximately 2.5 minutes, leaving Resident #3 unsupervised. In the meantime, Resident #3 began to take her medications by placing them into her mouth. Employee A returned after the 2.5 minutes, told the resident there were still medications in the cup. Employee A watched the resident finish her remaining medication.

An interview was attempted with Resident #3 on at 11:12 am. The resident did not speak any English, and appeared to be , repeatedly asking for her daughter in Spanish during multiple observations throughout the day. Employee A stated at this time the resident was .

A telephone interview was conducted with Resident #3's family member on at 8:53 am. She stated Resident #3 had a diagnosis of (symptoms include a decline in thinking skills and memory, which can interfere with the ability to perform routine daily activities).

An interview was conducted with the Administrator at 3:00 pm on . When told of the observation, she said she expected staff to remain with residents to observe them take all of their

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	**11/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE CARE ASSISTED LIVING INC 2	**77-A BRUNSWICK LANE PALM COAST, FL 32137**

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

medications. They were not to walk away. She acknowledged Employee A walked away during the medication pass, and she stated she would have to retrain her since it is against the facility's policy.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, review of resident records, and interviews with staff, the facility failed to provide licensed staff to administer medications for an as-needed medication for 1 of 5 sampled residents whose medications were reviewed (Resident #3).

The findings included:

An interview was attempted with Resident #3 on at 11:12 am. The resident did not speak any English, and appeared to be , repeatedly asking for her daughter in Spanish when observed during multiple observations throughout the day. Employee A stated at this time the resident was .

A review of the medication observation record for Resident #3 revealed she had instructions for ABH (, , and ; a , gel that may treat agitation), with instructions to apply to inner wrist or other hairless area every 4 hours as needed (prn). There were no specific indications for when the gel should be applied. The MOR was noted to indicate Resident #3 last received the ABH gel on . Inspection of this resident's medication box revealed several packets of the gel inside, which were labeled ABH 0 /0.25mg/ml 1ml gel.

An interview was conducted with Employee A, Caregiver, at 9:30 am on . She stated the ABH gel was applied when Resident #3 became agitated and attempted to leave the facility. She added that Resident #3 sometimes did not listen to the staff. Employee A confirmed this resident was not , capable of asking for the gel, and that staff gave it when she needed it.

In an interview with the Administrator at 3:00 pm on , she acknowledged the ABH gel was being administered to Resident #3. She acknowledged that only a licensed nurse could administer as-needed medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE CARE ASSISTED LIVING INC 2	**77-A BRUNSWICK LANE PALM COAST, FL 32137**

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

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on a review of resident records, and interviews with staff, the facility failed to obtain instructions for prescribed as-needed medication for 1 of 5 sampled residents whose medications were reviewed (Resident #3).

The findings included:

A review of Resident #3's medication observation record revealed instructions for ABH (, , and ; a , gel that may treat agitation) were to apply to inner wrist or other hairless area every 4 hours as needed (prn). There were no specific indications for when the gel should be applied. The MOR was noted to indicate Resident #3 last received the ABH gel on . Inspection of this resident's medication box revealed several packets of the gel inside, which were labeled ABH 0. /0.25 mg/ml 1 ml gel. None had instructions for when it was to be used. Further review of the resident's record found no specific instructions for when the medication was to be applied.

An interview was conducted with Employee A, caregiver, at 9:30 am on . She stated the ABH gel was applied when Resident #3 became agitated and attempted to leave the facility. She added that Resident #3 sometimes did not listen to the staff.

In an interview with the Administrator at 3:00 pm on , she acknowledged the ABH gel had no specific indication for use.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, resident and employee record reviews, and staff and resident interviews, the facility failed to obtain a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 of 4 employees whose files were reviewed (Employee C), failed to obtain annual evidence of a negative ( ) examination for 2 of 4 employees reviewed (Employees B and C).

The findings included:

1. A personnel record review for Employee B revealed she was hired as a caregiver on . She had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	11/03/2017
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING INC 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **77-A BRUNSWICK LANE** **PALM COAST, FL 32137**	

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

a negative exam completed . . . . There was no current examination in Employee B's record.

A personnel file review for Employee C revealed she was hired as a caregiver on . . . . There was no statement from a health care provider documenting she had no signs or symptoms of communicable . . . . . , and no examination in the file.

An interview was conducted with the Administrator at 3:15 pm on . . . . She reviewed the records, and confirmed the missing health documents for Employees B and C.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, personnel record reviews, and interview with staff, the facility failed to ensure 1 of 3 unlicensed employees who provided assistance with self-administered medications (Employee B) received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices on an annual basis.

The findings included:

On entrance to the facility on at 8:15 am, Employee B was on duty. She stated she had worked the overnight shift. Employee A arrived at approximately 8:35 am to relieve Employee B from her overnight shift .

A personnel file review conducted for Employee B found she was hired as a caregiver on . . . . A certificate of completion indicated Employee B received 4 hours of initial training in the provision of assistance with self-administration of medications on . . . . . There was no documentation in the record that she received the required 2 hour annual updated training on safe medication practices.

In an interview with Employee B on at 2:30 pm, she confirmed she worked the overnight shift, and assisted residents with the self-administration of their medications on her shift.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	**11/03/2017**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING INC 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **77-A BRUNSWICK LANE** **PALM COAST, FL 32137**	

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

An interview was conducted with the Administrator on at 2:00 pm. She was asked if Employee B assisted residents with medications on the overnight shift. She reviewed the medication administration records, and confirmed Employee B provided assistance with morning medications at 7:30 am. She reviewed the personnel record, and was unable to find documentation of the required annual 2-hour medication update. The Administrator telephoned the Registered Nurse (RN) trainer at this time, and handed the phone to this surveyor. The RN searched her records and stated she had no record of providing the 2 hour annual medication training update to Employee B.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, facility record review, and interview with staff, the facility failed to ensure menus utilized by the staff were reviewed and signed by a licensed nutritionist or registered dietician (RD), and included portion sizes for meal items to be served.

The findings included:

An interview was conducted with Resident #1 on at 8:25 am in which he stated he had cereal and milk for breakfast this morning. He said it was always nice when the staff cooked some bacon or sausage for a change. He did not know that was on the menu today. The menu, which was posted in the kitchen, was reviewed at this time with Resident #1. It called for cereal, bran muffin, juice, jelly and scrambled eggs (photo obtained). Resident #1 said he was not offered juice, muffin or eggs this morning.

An observation of the lunch meal on at 12:00 pm revealed hamburgers, green salad, baked beans, juice and grapes with ice cream was served to all 6 residents. Observation of the posted menu found today's meal was lasagna, peas, garlic bread, salad and fruit fluff with milk.

In an interview with Employee A, Caregiver, at 12:30 pm on , she showed me another menu on the refrigerator that she followed. The handwritten menu was titled "Alternate Menu" and dated back to . It contained a full daily alternate meal for each day of the month of . The handwritten menu was not dated, included no portion sizes, and was void of the RD's signature.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	11/03/2017
NAME OF PROVIDER OR SUPPLIER GENTLE CARE ASSISTED LIVING INC 2	STREET ADDRESS, CITY, STATE, ZIP CODE 77-A BRUNSWICK LANE PALM COAST, FL 32137	

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

An interview was conducted with the Administrator at 2:00 pm on . She said the residents did not like the items on the Registered Dietician's (RD) menus, and that she wanted to accommodate their preferences. She acknowledged the RD's menu had essentially been replaced, and that the regulatory requirement for a dietician's review, date, signature and portion sizes were not being met.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, a review of facility records, and interview with staff, the facility failed to maintain an up-to-date admission and discharge log that reflected the admission information for 3 of 6 residents (#2,# 4, and #6) as required.

The findings included:

A tour of the facility conducted at 9:10 am on found there were 6 residents observed in the facility at the time of survey.

The admission and discharge log was reviewed, but failed to include any admission information (resident name, date of admission, place admitted from) for Residents #2, #4 or #6. The Administrator was asked if there was additional information at 9:19 am, and she stated she would look for the remainder of the log. No additional information was provided during the survey.

In an interview with the Administrator at 2:00 pm on , she confirmed the missing information for Residents #2, #4 and #6 on the admission and discharge log.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on a review of resident records and interview with staff, the facility failed to execute a signed contract on admission with 1 of 2 residents (Resident #1), and failed to provide written notification of a 30-day notice of rate increase for 1 of 2 residents (Resident #4) whose records were reviewed.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	**11/03/2017**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING INC 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **77-A BRUNSWICK LANE** **PALM COAST, FL 32137**	

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

Record review for Resident #1 revealed an admission agreement completed on . . . . . The final page of the contract was signed by the Administrator on this date, but was not signed by the resident.

Record review for Resident #4 revealed an admission agreement signed by the resident on . . . . The contract contained no provision of a 30-day notice for any increase in the daily/monthly rate, as required.

An interview was conducted with the Administrator at 12:30 pm on . . . . . She reviewed the records and confirmed Resident #1 failed to sign his contract on admission. She stated Resident #4's contract was on an old form. She said she had a new form, and would need to execute a new contract with Resident #4.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on a review of the Agency for Healthcare Administration's Background Screening Unit's clearinghouse website, and interview with the Administrator, the facility failed to maintain an employee roster for the facility that included all 5 employees working in the facility at the time of the survey (Employees A, B, C, the Administrator, and 1 unsampled employee).

The findings included:

A review of facility records revealed there were 4 persons employed by the facility at the time of survey (Employees A, B, C and 1 unsampled employee), along with the Administrator.

A review of the AHCA Background Screening clearinghouse website at 2:20 pm on revealed there were no staff members listed on the roster as being employed in the facility. The roster was blank.

An interview was conducted with the Administrator at this time. She reviewed the roster and stated all of her employees were entered under another facility. She stated she tried to enter her employees and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967108	**11/03/2017**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING INC 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **77-A BRUNSWICK LANE** **PALM COAST, FL 32137**	

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

herself on the roster for this facility, but it would not accept the entries. The Administrator said she attempted to use the "shared provider" link, but it did not work. She acknowledged the requirement for a separate listing of employees on the roster for each individual facility.

Unclassified