STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968150	**11/28/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN BREEZE LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18 WOODWARD LN** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

On a biennial relicensure survey was conducted at Southern Breeze Living , LLC (License Number: 12111). Deficient practice was identified during the survey.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on a review of facility, resident, and employee records, and interview with staff, the facility failed to obtain written informed consent described in Rule 58A-5.0181, F.A.C. for unlicensed staff to assist 1 of 2 residents whose records were reviewed (Resident #3) with the self-administration of medication.

The findings included:

A review of employee files for Employees A, B (Caregivers) and the Administrator revealed none were licensed nurses.

A record review for Resident #3 revealed she was admitted to the facility . She had a resident health assessment (AHCA form 1823) dated that stated Resident #3 required assistance with the self-administration of her medications. Further review of the record found no informed consent for unlicensed staff to assist with the self-administration of her medicine. Review of the Medication Observation Record found facility employees provided assistance with Resident #3's medications.

An interview was conducted with the Administrator on 11/ at 11:05 am. She searched Resident #3's record and confirmed the missing consent, abd confirmed she would need have Resident #3 sign a new form immediately.

Class III