STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	**05/07/2019**
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 re-licensure survey was conducted at Gentle Care Assisted Living on . . . . . and . . . . Deficiences were identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on record review and interview with the owner of the facility, the facility failed to establish and maintain written procedures regarding . . . control, sanitation and universal precautions.

The findings include:

Record review revealed that there was no written policy and procedure for . . . control, sanitation and universal precautions in the facility's admission package.

During an interview on at 2:14pm with the owner of the facility, she confirmed that there was no written policies and procedures for control, sanitation and universal precautions. She stated; "There's no written policy. I talk to them (the caregivers) and educate them on the procedure."

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interviews, the facility failed to adhere to the procedures for assistance with self- administration of medication for one of three residents receiving assistance with self-administration of medication, Resident #6.

The findings include:

On at 2:06pm, Employee A was observed assisting Resident #6 with self-administration of medication. Resident #6 knocked the pill to the floor. Employee A then picked the pill up from the floor, placed it in the pill cup, and presented it to Resident #6. Employee A did not prevent Resident #6 from taking the medication.

The Owner, when asked to provide the written . . . control policy and procedures, confirmed the facility had no written policy and procedure related to contorl. She stated staff members were

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verbally instructed if it " on the floor or something they have to let me know and use the next day's med, then I go to pharmacy and take them the bubble pack to get another one for that day."

During an interview on at 2:26pm with Employee A confirmed that she was aware that she should not give residents any medications that have to the floor or contaminated in other ways.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to provide written notification of the emergency power plan implementation to each resident and/or the resident's legal representative within five (5) business days of the implementation of the plan.

The findings include:

A record review of the facility's Emergency Power Plan revealed that there was no documentation of a notice of the plan's implementation being provided to the resident and/or the residents representative.

During an interview with the Administrator on at 3:50pm, she was asked for the notice provided to the resident and/or representative. She stated that she was not aware of this document and confirmed that notification of implementation of the Emergency Power Plan was not provided to the residents and/or their representatives within five business days.

Class III