Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910267	A. BUILDING: _____ B. WING _____	02/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAMBREL PINECASTLE	1801 SE 24TH ROAD OCALA, FL 34471

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation (complaint number 2022001900) was conducted at Brookdale Chambrel Pinecastle on February 8, 2022. Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making appointments for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify a resident's representative of a change in condition for 1 of 3 residents sampled, Resident #1. Findings: Review of Resident #1's resident record was conducted on ... and revealed progress notes that noted on , the resident had a change in condition. Resident #1 was noted to be complaining of being more ' ' than normal, having ' ' ' ' feeling ., while and having . Also noted was a	A 025		

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A 025	Continued From page 2 physician order dated for ., 325MG-give 1 tablet by mouth one time a day for (, a temporary period of symptoms similar to those of a .) Progress notes did not show evidence that the resident's representative was notified regarding this change in condition. During an interview on 2/8/22, at approximately 12:11 PM, the Clinical Services Manager stated she is aware that resident was taking ., and the doctor changed her dosage. She stated it is facility policy to notify a resident's family for any change in condition. She stated nurses are responsible for documenting the notification in Point Click Care (an electronic medical charting software program.) During an interview on 2/8/22, at approximately 1:45 PM, the Physician confirmed he increased Resident #1's ., dose from mg to 325mg due to her on . During an interview on /22, at approximately 3:10 PM, the Clinical Services Manager confirmed that the progress notes for Resident #1 dated did not note that the family had been notified of the resident's change in condition. Review of the facilities policy titled, "Change in Condition," effective 8/1997 and last revised 2/2021 reads, "Non-Emergent: 1. The Physician/HCP [Health Care Provider] and legally responsible party should be notified of resident's change of condition." Class III	A 025		