

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE NEW PORT RICHEY			STREET ADDRESS, CITY, STATE, ZIP CODE 6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653		
(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 A complaint investigation (complaint number: 2025012947) and a generator monitoring visit were conducted at Brookdale New Port Richey on . Deficiencies were identified at the time of survey.	A 000			
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that there were staff on every shift with training in , and first aid for five employees (Staff O, P, Q, R, and S) of five sampled employees.	A 083			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE NEW PORT RICHEY

**6400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653**

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A 083	Continued From page 1 Findings included: A record review of the staffing assignment sheet for third shift on _____ and _____, conducted on _____, revealed there were no staff that had _____ and first aid on the staffing assignment sheet one the third shift. Staff O, P, Q, R, and S worked on _____ and _____ with no other staff. During an interview on _____ at 12:25 pm the Administrator revealed there were no staff on duty on third shift the dates of _____ and _____ that were trained in _____, _____, and first aid. Class III	A 083		