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
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 (#2025014889) was conducted at Brookdale Lake Orienta Assisted Living Facility on . The facility had deficiency at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 2 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 3 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, medical record review, staff training review and the facility policy and procedure the facility failed to ensure three unlicensed medication technicians providing assistance with self-administration of medication for 5 of 5 sampled residents (#2, #3 ,#4, #6 and #7) took the medication, in its previously dispensed, properly labeled container, from	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 4	A 052		

where it was stored, brought it to the resident, orally advised the resident of the medication name and dosage, opened the container, removed the prescribed amount of medication from the container, and gave it to the resident. The trained staff did not adhere to the facility's control policy and procedures when assisting with the self-administration of medication by failing to perform hygiene between each resident medication pass. Resident #2's physician's order did not include the number of milligrams for the medication she received. Resident #3's medications were given at 2:10 pm but were scheduled for 12:00 pm. Resident #4 received two medications that were not listed on his current medication orders. Resident #6 's physician's order did not match the order in the electronic medication observation record (MOR). The physician's orders for Resident #7 do not match the Medication Observation Record (MOR) or the Label.

The findings include:

A medication pass observation was conducted on at 1:50 pm on the third floor of the facility. Upon approach to the medication cart at 1:45 pm Medication Technician, Employee J, stated he had two residents who needed their 2:00 pm medications. He went to the cart and poured two cups of water, opened the medication cart and removed two plastic medication cups from the cart. Each cup had one unidentified tablet in it. The cups were labeled with the resident's room number only in black magic marker (Photographic evidence obtained). He did not look at the MOR. He locked the cart and requested this surveyor accompany him to the resident's rooms. He knocked on the door of Resident #2's room, and the resident told him to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 5	A 052		

come in. He went to the resident and handed her the medication cup. He did not tell her the name or dose of the medication in the cup. The resident took the medication and swallowed it. Employee J then went to Resident #3's room without going to the medication cart to document the medication pass, to get Resident #3's medications or to perform hygiene. He gave the second medication cup to Resident #3 but did not tell her the name or the dose of the medication in the cup. She took the medication and swallowed it.

During an interview with Employee J on at 2:14 pm he stated that he had pre-poured the medications because he thought the residents would come to get their medications like they usually do. When they didn't, he went to look for them and could not find them, so he held the medications in the cart. He thought he could prepare the medications at the cart instead of in the presence of the resident. He knew that Resident #3's medication was late and should have been given prior to 1:00 pm to be within the 1-hour window after the time it was due. He did not know he needed to perform hygiene between residents. He asked if he still needed to if he didn't touch anything in the resident's room. He confirmed he should be telling the residents the name of the medications and document the medication pass after each one.

A medication pass observation was conducted on at 3:35 pm on the third floor of the facility. Medication Technician, Employee H, took the Resident #2 's . ( ) at 3:30 pm. He applied the cuff over her sweater on the first reading. On the second reading he assisted her to remove her sweater and then applied the cuff. He did not don gloves to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 6	A 052		

conduct the testing. After reading he assisted the resident to put her sweater on. He stated he did not need to give the resident the medication due to the parameters for the medication order. He went to the medication cart and proceeded to push the cart down the hall to Resident #4's apartment. He then prepared the medications for Resident #4 at the cart in the hallway. He placed the medication in a small plastic medication cup and poured a cup of water. He locked the cart and knocked on the resident's door. After being given permission to enter by the resident he gave the resident his medication and a cup of water. The resident asked him what time he should be getting his medication. The employee told him that this dose was his 4:00 pm dose. The resident expressed understanding. The employee then returned to the medication cart. When he was asked about how he sanitizes his between residents, he stated he didn't think he needed to since he was not touching the medications or the residents. He was reminded that he assisted Resident #2 with her sweater, and he agreed that he had and then stated he should have sanitizer on the medication cart or in his pocket so he could sanitize his between residents.

During an interview with Employee H on at 4:00 pm, he was asked why he did not prepare the medication in the presence of the resident and tell him the name of the medication he was receiving. He stated he did not know he had to take the medication vials into the resident's room and prepare it in front of the resident. He usually tells the resident what the medication is for, and the residents usually already know. He stated he would do that in the future. He confirmed that none of the residents have signed a waiver stating they do not wish to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 7 be orally advised of their medications during the medication pass. A medication pass observation was conducted on at 11:20 am on the third floor of the facility. The Medication Technician, Employee C, prepared for the medication pass by opening the electronic Medication Observation Record (MOR) and reviewing the medications that needed to be given to three of the residents (#6, #4 and #7). She took each medication out of the medication cart and put them in a plastic basket with a handle. She removed the inhaler for Resident #6 from its original box labeled by the pharmacy without reading the label. She proceeded to his room, knocked on the door and was given permission to enter. The resident was lying on his bed. She told him to take two puffs from the inhaler and handed it to him. He took two puffs and handed it to her. She prepared the treatment for him and handed him the mouthpiece for the . He put it in his and proceeded to take the treatment. She then left the resident's apartment and went to Resident #4's apartment. She prepared the two medications in front of the resident, and his daughter was present. The medication technician was speaking to the resident's daughter the entire time she was in the room. She shook the tablets out into his , and he put them in his . She then gave him water to drink. He thanked her. She did not orally advise him of the medications he was taking. She proceeded to Resident #7's apartment and prepared his medication in front of him. He took the tablet and put it in his and then drank the water she provided. She did not orally advise him of the medication he was taking. She left the apartment. She did not sanitize her between the resident medication passes.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 8 During an interview with Employee C on at 1:15 pm, she confirmed she had received assistance with self-administration of medication training recently. She stated she thought she had it last month. She was aware that she needed to orally advise the residents of their medications prior to assisting them. She was aware that she needed to sanitize her between residents during the medication pass. She stated she usually has sanitizer in her pocket but today she forgot. She does not know why there is no sanitizer on the medication cart. She stated that Resident #7 is a retired physician and can self-administer his own medications but prefers the facility to do it. Review of the Health Assessment (form 1823) for Resident #2 dated revealed the resident was assessed as requiring assistance with self-administration of medications (Photographic evidence obtained). Review of the Health Assessment for Resident #3 dated revealed the resident was assessed as requiring assistance with self-administration of medications (Photographic evidence obtained). Review of the Health Assessment for Resident #4 dated revealed the resident was assessed as requiring assistance with self-administration of medications (Photographic evidence obtained). Review of the Health Assessment for Resident #6 dated revealed the resident was assessed as requiring assistance with self-administration of medications (Photographic evidence obtained). Review of the Health Assessment for Resident #7 dated revealed the resident was assessed as able to self-administer medications	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 9 (Photographic evidence obtained). Review of the current physician's orders for Resident #2 revealed the resident was ordered , , . Give 1 capsule by three times a day. The number of milligrams was not listed on the order (Photographic evidence obtained). Review of the Medication Observation Record (MOR) for Resident #3 revealed she was ordered 1 GM tablet. Give 1 tablet by four times a day at 12:00 pm (Photographic evidence obtained). Review of the current physician's orders for Resident #7 revealed the order attached to the health assessment form 1823 for Resident #7, for , did not match the MOR or the Label (Photographic evidence obtained). Review of the current physician's orders for Resident #4, revealed the two medications given during the observed medication pass, Pyridostigmine Oral Tablet 30 mg and , , , Oral Capsule Extended Release 36.25 -145 mg capsules, were not listed (Photographic evidence obtained). Review of the MOR for Resident #6 revealed it read: - Inhalation Aerosol 90-80 mcg/act (-). 2 puff inhale orally every 6 hours for ( ) (Photographic evidence obtained). The physician's orders for Resident #6, revealed it read: - Inhalation Aerosol 90-80 mcg/act (-). 2 puff inhale orally every 4 hours for ( ) (Photographic evidence obtained).	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 10 Review of the Certificate of Completion for Trained Unlicensed Staff Assistance with Self-Administration for Employee J revealed he received the 6-hour training on . Review of the Certificate of Completion for Trained Unlicensed Staff Assistance with Self-Administration for Employee H revealed he received the 6-hour training on . Review of the Certificate of Completion for Trained Unlicensed Staff Assistance with Self-Administration for Employee C revealed she received the 2-hour update training on . During an interview with the Administrator on at 12:20 pm, she confirmed that her expectation is that the medication technicians are to prepare the medications in the presence of the resident and the name of the medication is to be told to the resident at the time of the medication pass. She confirmed that none of the residents have signed a waiver stating they do not wish to be orally advised of their medications during the medication pass. She stated the medications should be given at the right time and the right dose. She confirmed that the medication technicians should not pre-pour medications. She was unaware that Employees C and H passed medications to Resident #4 with no physician's order for the medications. She confirmed that they should sanitize their between residents to minimize the spread of . She stated an audit of the medications and the physician's orders needed to be conducted for accuracy. Review of the facility policy and procedure entitled Medication & Treatment - General Guidelines for Medication Administration /Assistance-CS-40-7. Effective Date: Last Revised:	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 11 revealed it read: Policy Overview: Trained and/or licensed associates may administer or assist the resident with medication management or medication administration and treatments per physician/healthcare provider (HCP) order and as per state regulation. 1. Trained or licensed associates administering or assisting with medications should: 1. Follow the "7 Rights of Medication Administration: right medication, right dose right route, right resident, right documentation, and right to refuse. 2. Follow the medication label, pharmacy, and manufacturer directions for each individual medication prescribed. Expiration dates should be checked on medications or treatments before administration. 3. Use control and prevention practices based on the Centers for Control and Prevention (CDC) guidelines for hygiene. Associates should wash their or use sanitizer prior to medication administration/assistance for each resident. 5. Document medications administered or assisted with on the Medication Administration Record (MAR)/Medication Assistance Record/Medication Observation Record (MOR) or electronic MAR (eMAR). Documentation of medications administered/assisted, or treatments administered/assisted, should occur promptly after the resident has taken the medication or the treatment performed. 1. Medication or treatment directions on the physician/HCP order and pharmacy label should correlate with the medication or treatment directions on the MAR/MOR/eMAR or TAR. 6. Pre-pouring of any medication is not acceptable or safe practice. Medications and/or treatments should be prepared for the resident immediately before administration/assistance unless otherwise permitted by state regulation. 7. Medications and treatments should be administered within one (1)	A 052		

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
	AL11965424	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 052	Continued From page 12 hour before or one (1) hour after the prescribed frequency and time/range unless ordered by the physician/healthcare provider or according to state regulation. 8. The community licensed nurse associate (if present) and trained associates (when permissible per state regulation), should educate and communicate the purpose of the medications and/or treatments and therapies administered, and answer any questions from the resident or family. 7. Medications and treatments should be administered within the parameters of the physician/HCP orders. Class III	A 052		