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
	AL11965363	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMC	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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 Assisted Living Facility An extended congregate care (ECC) and limited nursing services (LNS) state licensure survey was conducted on . . Residences of Brandon Memory Care assisted living facility had deficiencies found at the time of the visit.	A 000		
AE208	58A-5.030(9) FAC ECC - Records (9) RECORDS. (a) In addition to the records required under Rule 58A 5.024, F.A.C., an extended congregate care program shall maintain the following: 1. The service plans for each resident receiving extended congregate care services; 2. The nursing progress notes for each resident receiving nursing services; 3. Nursing assessments; and 4. The facility ' s ECC policies and procedures. (b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain nursing progress notes for two (Residents #2 and #3) of two sampled residents receiving Extended Congregate Care (ECC) services. Findings include:	AE208		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMO	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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
AE208	Continued From page 1 1. Record review revealed Resident #2 was admitted to ECC on related to receiving at two liters per minute via nasal cannula at bedtime. Review of the , 2012, nursing progress notes reveal no documentation the resident received at bedtime on , , , and . There was no documentation was removed the morning of . The Facility Administrator agreed during an interview on at approximately 1:30 p.m. there was no ECC progress notes related to administration for the above dates. 2. Record review revealed Resident #3 was admitted to ECC on related to receiving application of Hose to be applied every morning and removed at bedtime. Review of the , 2012, nursing progress notes reveal no documentation the resident's Hose were removed at bedtime on , , , and . There was no documentation Hose were applied the morning of . The Facility Administrator agreed during an interview on at approximately 1:30 p.m. there was no ECC progress notes related to Hose for the above dates. Pattern Class III	AE208		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing	AN278		

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
	AL11965363	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMO	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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
AN278	Continued From page 2 services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain nursing progress notes for one (Resident #1) of one sampled resident receiving Limited Nursing Services (LNS). Findings include: Record review revealed Resident #1 was admitted to LNS on / related to use of a to be applied at 6:00 a.m. and removed at 8:00 p.m. Review of the , 2012, LNS nursing progress notes reveal no documentation the resident's was applied , and . There was no documentation the , was removed on , , and , , and . The Facility Administrator agreed during an interview on at approximately 1:30 p.m. there were no LNS progress notes related to applying/removing a for the above dates. PATTERN Class III	AN278		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Residences of Brandon Memory Care
1819 Providence Ridge Blvd.
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) and limited nursing services (LNS) state licensure survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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