



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Brentwood Retirement Community
1900 West Alpha Court
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013000888

This letter reports the findings of a complaint survey that was conducted on _____, 2013 by a representative of this office.

Enclosed 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 after _____, 2013 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER BRENTWOOD RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 WEST ALPHA COURT LECANTO, FL 34461		
(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 CCR#2013000888 An unannounced Compliance survey was conducted on _____ at Brentwood Retirement Community located in Lecanto, FL to determine if the facility was in compliance with Chapters 429, Part I & 408, Part II, Florida Statutes and 58A-5 Florida Administrative Code. The facility was not in substantial compliance.	A 000			
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known _____; the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical _____, the facility shall, pursuant to Section	A 054			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0099

AMKIT11

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 054	Continued From page 1 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and review of the medication observation record (MOR) the facility failed to ensure that the name, strength, and directions for use of each medication was documented for 1 (#5) of 7 residents in the sample. Finding: Review of Resident #5 medication observation record (MOR) for 2012 revealed that the resident had a prescription for Roxinol 5-10 mg every 4 hours as needed (PRN) for pain-air hunger. Continued review of the MOR revealed that the resident had requested and received the medication on 25, 26, 27, 29, / 2013. Review of the 2012 MOR revealed that the PRN prescription for the Roxinol medication was not documented. Review of the clinical record did not reveal a discontinue order from the physician. Interview with the LPN on at 5:30 PM in the presence of the administrator she stated that after reviewing the resident ' s closed record she could not locate a discontinued order for the Roxinol 5-10 mg every 4 hours PRN medication and there was no evidence that the medication was transferred to the 2012 MOR. On Hospice wrote a new order that was increased in the time the medication was to be given (Roxinol 0.25 - 0.5 ml by mouth every 2 hours).	A 054			