AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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 #2013003544

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 2012 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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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
	AL11942763	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD RETIREMENT COMMUNITY	**1900 WEST ALPHA COURT LECANTO, FL 34461**

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A 000	Initial Comments On unannounced compliance survey CCR #2013003544 was conducted at Brentwood Retirement Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9€ or	A 030		

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A 030	Continued From page 1 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical [illegible] shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including	A 030		

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A 030	Continued From page 2 half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a [redacted] his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [redacted], the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [redacted] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and	A 030		

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A 030	Continued From page 4 advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on resident interviews the facility did not honor resident rights by allowing residents to exercise their individuality at breakfast time for 4 of 20 residents, resident numbers 3, 4, 6, and 19. Findings: On at approximately 1:40 PM an interview was conducted with resident #3. During the interview resident #3 stated that the facility staff wake him up for breakfast at 5:30 AM every morning, but he would rather get up at 6:00 AM because 5:30 AM is to early for him. On at approximately 2:00 PM an interview was conducted with resident #4. During the interview resident #4 stated that facility staff wake her up at 6:15 AM for breakfast each morning. She said she would rather get up at 7:00 AM. She said once she got up at 5:00 AM to use the when she was finished staff dressed her in her day clothes and had her lay back down until breakfast. She said she did not appreciate that. On at approximately 4:45 PM an interview was conducted with resident #6. During the interview resident #6 stated she is woke up by facility staff for breakfast at 6:00 AM. She then is made to sit in the dinning area from 6:30 AM to &:30 AM when breakfast is served. She said some times staff will come around and give you	A 030		

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A 030	Continued From page 5 coffee or juice and some times they don't. On : at approximately at approximately 5:55 PM an interview was conducted with the facility Administrator regarding residents being wakened up by to early by staff for breakfast. The Administrator stated he would make a form for residents to fill out choosing what time they would like to be wakened up for breakfast. On : at approximately 10:00 AM an interview was conducted with resident #19. During the interview resident #19 stated he is made to get up in the morning at 5:00 AM to get ready for breakfast. He said once he gets up he has got to wait an hour before breakfast is served. He said he wishes he did not have to get up so early. He also stated that this morning he was given a piece of paper by staff which asked him to choose his breakfast time.	A 030		
A 052 SS=G	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least : trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and	A 052		

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A 052	Continued From page 6 opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or 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; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.	A 052		

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A 052	Continued From page 7 (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration 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 through intermittent positive pressure breathing machines or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) , or preparations. (h) 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 at the request of a competent resident. (i) 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. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not provide assistance with self administration of medication as prescribed by a	A 052		

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A 052	Continued From page 8 physician for 3 of 7 residents numbers 2, 11, and 12. Findings: On a record review was conducted on resident #12. It was observed she had physician orders dated on for 0.1 mg/hr patch on 7 AM off 10 PM daily. The order states to hold if is less than It was observed that were not being completed on a daily basis from dates through According to records the were completed on a weekly basis only, per facility protocol. The MOR reads as follows: Nitroglycer DIS 0.1 MG/HR For: Apply 1 patch every morning (7AM) remove @ 10PM Hold if les s than Agents* Staff interview was conducted with the LPN Manager on at 3:00 PM. She verified that were being completed on a weekly basis only. On record reviews were conducted on resident #11. It was observed she had a physician order dated 2013 for Humulog Ins. AC (before every meals) & HS (at hours sleep) per sliding scale. The MOR reads for the accu-checks to be done at 7:30 AM, 11:30 AM, 4:00 PM and 8:00PM. It was observed that no were completed for for 11:30 AM time period. On at 3:00 PM During an interview with, LPN Manager she was unable to provide an	A 052		

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A 052	Continued From page 9 explanation to why the ..... were not completed for those dates and times. On a record review was conducted on resident #11. It was observed she had physician orders for ..... 1,000 mg one twice a day. The MOR shows this medication was not administered per physician orders on 2013 at 4 PM, , 2013 at 8 AM/4 PM, and , 2013 at 4 PM. Notation was made on , 2013 at 8 PM stating the medication was not available. On a record review was conducted on resident Mary Masque. It was observed She had a physician order for ..... Cap 30 mg DR to be admin 30 minutes before breakfast. This medication was not available for administration on , 2013 at 6 AM. The medication was available the following day. The MOR showed correct documentation. An Interview was conducted with staff member Sarah Hester, LPN Manager on , 2013 at 3:00 PM She stated the protocol for the facility is: If the family has not provided medication for the resident in three days, the needed medications are ordered from the providing pharmacy, Vanguard. These residents ' providing pharmacy is Vanguard and the medications are to be provided prior to the medication not being available. Class II	A 052		
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	A 054		

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A 054	Continued From page 10 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 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 record reviews and observations the facility did not maintain completed Medication Observation Records for 5 of 8 residents, numbers 3, 12, 13,14,and 15. Findings: On a record review was conducted on resident #3 MOR. It was observed on 2013 at 8:00 PM there was no documentation observed on the MOR showing the administration	A 054		

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A 054	Continued From page 11 of Levimir Injection 15 units. On a record review was conducted on resident #15, MOR. It was observed that on 1, 2013 at 4 PM there was no documentation showing that the resident received the following medications 3.125 mg, Cap 20 mg, Tab 10 mg. There was no documentation for the 8:00 PM Tab 500 mg, Tab 2 mg. On a record review was conducted on resident #14 MOR. It was observed On 1 through 2013 there was no documentation on the MOR showing that the resident received or refused her at 8 PM. On a record review was conducted on resident #13 MOR. It was observed that On 1, 2013 there was no documentation on the MOR showing that the resident had received or refused his Tab 5 mg. On a record review was conducted on #12 MOR . It was observed that on through there was no documentation showing the administration of AF POW 2 T at 8 PM. Class III	A 054		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural,	A 152		

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A 152	Continued From page 12 mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [illegible] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [illegible] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [illegible] This Statute or Rule is not met as evidenced by: Based on observations and interviews the facility did not provide a safe living environment or ensure that all existing architectural and structural systems are in good working order for 13 of 21	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942763	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD RETIREMENT COMMUNITY	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 152	Continued From page 13 sampled residents, for residents 1, 2, 3, 4, 5, 9, 10 11, 12, 13, 14, 19, 21. Findings: On at approximately 2:40 PM it was observed in The Beechwood Lodge area of the facility where residents 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 14 reside. It was observed in the staffing area where same residents receive their assistance with self administration of medication, two free standing bottles. The unsecured bottles pose a hazard to residents because they could easily over and sustain a broken valve and become projectiles. On at approximately 10:00 AM an interview was conducted with resident #19. During the interview the resident stated he cannot use his back porch to his it is covered with leaves. It was observed that resident #19 has a semi enclosed porch on the back side of his has a door access. It was observed that there was at least a 3 inch build up of leaves on his porch. It was also observed that there was a dark substance on the porch from water being allowed to sit on it. On at approximately 10:25 AM an interview was conducted with resident #21 in reference to the leaves on the residents back porches. Resident #21 stated that her husband cleans the leaves off her back porch, but other residents cannot clean their back porches because they are not capable. It was observed that the porches to the left and right of resident #21 porch were covered in leaves which prevented the occupants of those from using their porches.	A 152		

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
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A 152	Continued From page 14 On at approximately 1:00 PM during an exit interview with the Administrator, he stated he was aware of the leaf problem on the resident porches and there were plans for them to be cleaned off, it just has not been done yet.	A 152		