STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	12/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Brandon	700 S. Kings Avenue Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

Assisted Living Facility

Two complaint surveys, CCR #2014010266 & CCR #2014011482, were conducted on [redacted].

Brookdale Brandon, (formerly Emeritus at Brandon), assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon confidential interviews & record review, the facility failed to ensure that residents were treated with respect, dignity and consideration of personal finances/property.

Findings include:

During confidential interviews on [redacted] with 8 residents, 2 stated they had money stolen & 2 claimed they were not treated with respect & dignity by a staff member as follows.

1. During an interview at 4 p.m. with one resident when asked if she was ever denied medications or treated with disrespect, the resident responded
"Yes on one occasion. I asked _____ (named staff) for some immodium for a stomach issue that comes on quickly and she looked at my stool and said I did not need it! So, I never got it and made it through till the next day. She tends to raise her voice and get loud."

2. During interview with another resident at 1:37 p.m. when asked if they ever had problems with personal items missing, the resident said that on [redacted] money was missing and again after that. Adding, I went to the hospital for six weeks and when I returned just before thanksgiving. I usually keep between $600 and $900 in my [redacted] When I came back it was gone a most $900 dollars. I keep money hidden in the closet in a box and it was gone also. I knew when I came back because stuff was turned around and moved. I always tell the office but the security officer, said he was working on it and had a suspect. The total was about $2000.00 missing according to this resident. I still have no report or a card from the sheriff.

3. During interview with another resident at 12 noon when asked about safety of his personal items he said he's been missing money a couple of times, they never found it-I think its about $25.00 my son brought in a couple of times. I used to leave it out & then started putting it in my drawer-there's been no problem the past month. My son reported it to the head (management)-they put a camera in my [redacted] they never found the money.

4. During interview at 12:30 p.m. with another resident when asked if she was treated respectfully by staff the resident said one staff gets annoyed with me, I don't know her name (resident described staff person). When asked if the staff yells at her the resident said "no she doesn't yell but she gets annoyed because I don't hear well.

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The resident said she never reported the staff to anyone.

During interview with facility management at about 1p.m., it was stated that the facility had been keeping an eye on the staff person referred in in item 4 indicating she has been counseled & reprimanded. Additionally, management indicated they have been investigating the thefts & confirmed the camera placed in a resident (with resident & family approval) but have been unable to catch the staff person. Management said that the suspected staff were narrowed down by shift & floor coverage but have not been able to prove who the responsible party is. One staff has previously been terminated for taking milk & Yogurt from a residents refrigerator according to management, this staff admitted to taking these items.

Class III

CCR# 2014010266 & CCR# 2014011482

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to prepare and submit a 1-Day and 15-Day Adverse Incident report.

Findings Include:

The clinical record of Resident #2 included "Service Notes" involving an "altercation" with her Resident #10. The Service Note indicate the hit Resident #2 with a cane, resulting in " wounds to left and LRE (lower right extremity). "

The facility provided copies of the " Event Management Report " and " Event Investigation " forms and were asked for copies of the 1-Day and 15-Day Adverse Incident Reports. The Health and Wellness Director stated in an interview on at approximately 2:30 p.m. that she did not have an Adverse Incident because, " with the switch from Emeritus to Brookdale, we did not get the correct access to submit an Adverse. "

The Executive Director, at approximately 3:15 p.m., provided copies of email communication between the facility and AHCA (Agency for Health Care Administration) related to their inability to get into the AHCA website to submit a 1-Day Adverse Incident Report. A representative from AHCA responded they would have to reapply for a new password and provided the link. The Executive Director indicated they did not submit the Adverse Incident Reports because they could not get into the website. The facility was not able to provide any documentation of further contact with AHCA related to their inability to submit the Reports.

Class III

CCR# 2014011482

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brookdale Brandon (formerly Emeritus at Brandon)
700 S. Kings Avenue
Brandon, FL 33511

RE: CCR# 2014010266 & CCR# 2014011482

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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