RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Tavares
2232 Dora Avenue
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed 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 ***2015*** 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

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Tavares	2232 Dora Avenue Tavares, FL 32778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= B
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= B
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial licensure with Limited Nursing Services survey was conducted at Brookdale Tavares, an assisted living facility in Tavares, FL. Discernible deficiencies were identified at the time of the survey.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC
Based on record review and interview, the facility failed obtain omitted information on a resident health assessment for 1 of 2 residents sampled for record review (Resident #5).

A review of Resident #5's health assessment (AHCA 1823) dated . The assessment did not have the physician' s signature, address or phone number on the last page.

On at 10:00 a.m. an interview was conducted with the Health and Wellness Director (HWD). She confirmed the health assessment dated is Resident #6's most recent health assessment.

Class

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, interview and policy review the facility failed to ensure 1 of 1 employee observed during a medication pass secure centrally stored medication at all times (Staff A). Based on observation, interview and record review the facility also failed to centrally store all medication and to maintain a list of medications for a resident who is documented as needing medication administration and had recent decline in mental status (Resident #5).

The findings include:

1. On at 11:40 AM Staff A was observed removing 3 vials of from the refrigerator in the wellness station and placing them in a tackle box. Staff A then took the tackle box into Resident #4's placed it on his dresser next to his bed. At 11:46 AM Staff A left unsecured tackle box containing vials and needles in the Resident #4. Staff A returned to the At 11:51 AM Staff A left the a second time again leaving the unsecured tackle box in the Resident #4 who was in his bed.

On at 12:25 PM interviewed Staff A regarding leaving unsecured tackle box with and needles in Resident #4's Staff A confirmed that she left the and needles in the Resident #4.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Tavares	**2232 Dora Avenue Tavares, FL 32778**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A review of the facility's Medication Storage Policy revealed, "medication and treatments stored by the community are to be stored in designated locations that must be locked when not in use or when unattended."

2. On at approximately 10:20 a.m. one bottle of Polyethylene was observed on the dresser in resident 5 ' s . On at 11:53 a.m. the same bottle of was observed in Resident #5 ' s . A bottle of 200 mg tablets, a bottle of chewable and a bottle of nasal spray was observed in Resident #5 ' s her dresser.

On at 11:53 a.m. the Health and Wellness Director (HWD) was interviewed. She stated Resident #5 recently had a change in mental status and now needs her medications administered. She confirmed she was aware of the medication being in Resident #5 ' s added the Administrator has a scheduled meeting with Resident #5 ' s granddaughter to discuss the medications being stored in the .

On at 2:20 p.m. Staff A was interviewed She confirmed the facility is to administer medications to Resident #5 and stated the facility manages the other medications for Resident #5.

On at approximately 2:45 p.m. of the same day the Health and Wellness Director was interview for a second time. She stated Resident #5 is, " just sensitive to a lot of medications " and stated Resident #5 ' s mental status depends on the day.

A review of Resident #5 ' s most recent health assessment (AHCA form 1823) revealed Resident #5 has a diagnosis and needs medication administration. A review of Resident #5's record revealed there was no copy of a list containing the medications stored in Resident #5's .

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interview and record review the facility failed to place an alert label on the medication bottle for 1 of 3 residents observed during the medication pass (Resident # 3).

On at 12:15 p.m. Staff A was observed assisting Resident #3 with the self-administration of Preserver Vision (Health Eye).

A review of the PreserVision (Health Eye) label revealed the instructions were to give 4 pills per day (two in the morning and two at night). There was no alert label on this medication bottle.

A review of Resident #3's physician's orders revealed an order for PreserVision (Health Eye) take two tablets by mouth once daily.

A review of Resident #3's medication observation record confirmed Resident #2 was to take two tablets by mouth once daily.

A review of the facility's Medications and Treatments-Labeling policy revealed, "all medications and treatments

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Tavares	2232 Dora Avenue Tavares, FL 32778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(including over the counter and sample medications) should be labeled with the necessary information to provide safe medication management administration. The Policy Detail section of the facility policy revealed, "The label should be consistent with a physician's order and with applicable regulatory requirements."

On an interview was conducted with Staff A, she confirmed the label and the orders did not match.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review the facility failed to ensure that facility staff received a minimum of one hour training in resident rights and emergency preparedness and evacuation procedure training within 30 days of hire for 2 of 3 staff members (Staff B and C).

Findings:

A record review of the personnel record for Staff B revealed that the date of hire was

A record review of the personnel record for Staff C revealed that the date of hire was

A record review conducted on of the personnel records for Staff B and C revealed that there was no Emergency Preparedness and Evacuation Procedure training and Resident Rights training.

An interview conducted on at 10:05 AM with the Executive Director revealed that when a staff member is hired the Business Operations Coordinator spends one day with the new employee to provide the required in-services. Then the staff members go to a required 3 day training provided by the corporation to the finish required training and it is usually completed within the first 30 days.. The Executive Director further stated that they are out of compliance because its been over the 30 days.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on interview and record review the facility failed to ensure that at least one person with and First Aid training was on duty at all times for 3 of 5 staff members (Staff C, D and E).

Findings:

An interview conducted on at 3:46 PM with Staff C revealed that she works on nights and does not have and First Aid training.

A record review of night shift staff revealed that Staff D and E did not have and First Aid training.

A record review of the facility work schedule revealed that staff scheduled for night shift did not have and First Aid training. The work schedule dated Sunday, through revealed that Staff C, D and E

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Tavares	**2232 Dora Avenue Tavares, FL 32778**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

were scheduled to work nights and did not have [redacted] and First Aid training.

An interview conducted on [redacted] at 11:30 AM with the Executive Director confirmed that Staff C, D and E did not have [redacted] and First Aid training. The Executive Director further confirmed that Staff C, D, and E were on the current schedule working nights.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview the facility failed to maintain an existing wall in good repair for 1 of 9 sampled residents (Resident #6).

The findings include:

On [redacted] at 2:20 PM a hole was observed on the wall in Resident #6's living [redacted] the left side of her chair. On [redacted] at 10:45 AM the hole on the living [redacted] was observed for a second time.

On [redacted] at 10:48 AM an interview was conducted with Resident #6's private duty aide. The private duty aide reported working for Resident #6 for 3 or 4 weeks. She further stated the hole was present since she has been employed by Resident #6.

On [redacted] at 10:52 AM an interview was conducted with the facility's Maintenance Director. He stated he was aware of the hole in Resident #6's living [redacted]. He stated the facility sets the priority orders for repairs and he has not had time to repair this wall.

Class III