STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964567	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale at Carrollwood	13550 South Village Drive Tampa, FL 33624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

Assisted Living

A Limited Nursing Services (LNS) monitoring visit was conducted on at Brookedale at Carrollwood ALF.

The Brookdale at Carrollwood Assisted Living Facility had deficiencies cited during the visit.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based upon record review and interview, the facility failed to ensure that the health assessments record (AHCA Form #1823) for one (#5) of 5 sampled residents were accurate, comprehensively updated and addressed all required information.

Findings Include:

A record review was conducted on of the Health Assessment Recorded for Resident #5 dated with following medical history and diagnoses of basilar aneurysm, A's mini history of accident and The known section reveals NKA (No Known The service requirements reveal "none."

A review of a Hospice Consult dated reveals diagnoses of and accident).

During an interview on at 3:56 p.m. the Nurse Coordinator confirmed she could not locate a current and up dated health assessment record or any hospice notes. She provided four (4) hospice modified orders for and stating that she called Hospice and they informed her that they are not responsible for providing new 1823's. The orders reveal a diagnosis of and an to

An interview at 4:15 p.m. with the Administrator confirmed she did not have an updated current 1823.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale at Carrollwood
13550 South Village Drive
Tampa, FL 33624

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) monitoring visit that was conducted on , 2015 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 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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