STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	05/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE MARGATE	5600 LAKESIDE DRIVE NORTH MARGATE, FL 33063	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted through and The facility had deficiencies identified at the time of the visit.

The Relicensure survey was conducted in conjunction to the complaint survey, CCR#2015001541 and CCR#2015001599. See separate report for findings.

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

Based on record review and interview, the facility failed to ensure that the Facility Health Assessment Form (AHCA 1823) was completely filled out by the Health Care Provider for 2 of 4 records reviewed (Residents #1 and #10).

The findings include:

a) Resident record review conducted on at approximately 1:00 PM for Resident #1 revealed a Resident Health Assessment Form (AHCA form 1823), the form was not dated by the Health Care Provider. The AHCA 1823 was an updated 1823 form submitted to the facility upon the residents return from a Rehab center on after a significant change event.

b) Resident record review conducted on at approximately 1:30 PM for Resident # 10 revealed a Resident Health Assessment Form (AHCA 1823) dated in the section for diagnoses, the physician wrote "attached #1". There was no attachment to the form.

During an interview conducted on at 4:30 PM with the Health and Wellness Director who reviewed the Health Assessment Forms for Resident #1 and # 10 and acknowledged that the forms are missing aforementioned information.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times and that therapeutic diets were prepared and served as physician ordered.

The findings include:

a) A review conducted on at 1:00 PM of the facility's posted dietician approved lunch menu for revealed the menu to be : Creole chicken gumbo (6 oz), pulled pork sandwich or Italian baked cod (7 oz) ,white rice (1/2 cup), buttered carrots (1/2 cup),white chocolate macadamia cookie or reduced sugar peach almond crisp. In an

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0093 Continued From page 1

observation conducted on at 1:00 PM of the facility's lunch meal served to the residents in the dining , the residents were served chicken noodle soup, stuffed pepper, rice and carrots.

During an interview conducted on at 4:00 PM with the Food Service designee, he stated he could not give a reason why the substitutions were not on the substitution log or documented on the menu. He confirmed that the substitutions should have been on the substitution log or marked on the menu prior to the meal being served.

b) A review conducted on at 9:00 AM of the facility's posted dietician approved breakfast menu for revealed the menu to be: French toast, or eggs to order, sausage link, bacon strips, fresh berry cup. In an observation conducted on at 9:00 AM of the facility's breakfast meal served to the residents in the dining the residents were served : eggs to order, breakfast meat, juices, fruit, cereals, breads, beverages- no french toast was observed .

During an interview conducted on at 9:24 AM with the cook, he confirmed that he did not serve French toast, he stated he did not look at the menu today and was not aware that the menu called for French Toast .

c) A review of Resident #8's record on revealed his diet order dated to be a liberalized diet, which limits , and . During an observation tour conducted with the Food Service Designee of the kitchen on at 2:00 PM, there was no updated system in place to identify residents on therapeutic diets. As evidenced by Resident # 8 , who is currently on a diet and was not on the facility's designation of residents on a therapeutic diet list.

During an interview conducted on at 2:15 PM with the Food Service Designee, he confirmed that Resident #8 is currently not on the therapeutic diet list. In an interview conducted on at 2:25 PM with the cook, he stated there is a book of the resident's diets. He stated that is the book they go by and that he would look for it. In an observation conducted on at 2:30 PM of the diet list of the residents of the facility presented by the cook dated , it identified Resident #8 as being on a consistent diet-/ CCHO /limited concentrated sweets diet.

In an interview conducted on at 2:47 PM with Resident #8, he stated he is aware that he is on a low salt low diet, but that he has to watch what he eats the facility staff does not monitor his diet at all.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Margate
5600 Lakeside Drive North
Margate, FL 33063

Dear Administrator:

This letter reports the findings of a Standard State Licensure Survey that was conducted on , 2015 through , 2015 and , 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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