STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	06/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE CROWN POINT	10050 OLD ST. ROAD JACKSONVILLE, FL 32257	

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

0000 - Initial Comments

An Extended Congregate Care Licensure Monitoring survey was conducted on Brookdale Crown Point had licensure deficiencies found at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview the facility failed to ensure medications were stored in a locked medication cart.

The findings include:

During the initial tour of the facility on at 10:45 am, an observation was made of a small medication cart parked in the common area near the atrium. The cart was unlocked and no nurse was within 30 feet of the cart at the time of the observation.

The first drawer was opened and small needles and various medications were observed inside the cart drawer. The second and third drawers had bottles of various types and sizes of medications with pharmacy labels affixed to them.

An interview with the Administrator on at 10:50 am revealed when he observed that the cart drawers were opened and was asked if he knew the cart was unlocked and unattended he stated he did not know it. He immediately pushed the lock in on the cart. He stated that the cart is always to remain locked unless a nurse is taking medication out or putting medications in the cart.

An Interview with Employee A on at 12:15 pm revealed she stated that she had been made aware of the medication cart being unlocked. She stated she wasn't sure why the cart was unlocked but that it is supposed to be locked at all times when the nurse is not near it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Crown Point
10050 Old St. Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

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