STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	06/23/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ISLAND LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT** **LONGWOOD, FL 32750**	

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

0000 Initial Comments

amended state form to delete tag 0163.
The Relicensure survey was conducted on Brookdale Island Lake had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to obtain physician orders for medication for 1 of 2 sampled resident records reviewed (#1), and failed to the physician of of a significant change for 1 of 2 sampled residents (#1).

Findings:

1. In an interview with resident #1 on at approximately 11 AM, she stated that she had been out of her sleeping medication since

Review of the 2015 Medication Observation Records revealed for sleep 10 milligrams (mg.) at bedtime 8 PM. The resident refused on 13, 14, 15, 16, 17, 18 and

Review of physician's order dated 10 mg. dated one tablet at bedtime as needed for 30 days for

for sleep 0.25 mg. as needed for was charted as given; initials were found for 13, 15, 16, 17, 18 and

for sleep 5 mg. one tablet at bedtime for sleep, was charted as given on

Review of the sign-out sheet revealed a hand written note: on hold as of

Review of the physician order sheet signed on for 2015 revealed 0.25 mg. at bedtime as needed for sleep was discontinued.

There was no documentation to review that indicated the facility had orders to give and in 2015.

On at approximately 3 PM, the facility manager stated she was unable to locate orders for and

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2. On at approximately 11 AM, resident #1 stated she was admitted to the hospital once or twice a year.

Resident record review revealed an updated Assisted Living Facility Health Assessment Form (1823) dated and updated on that indicated diagnoses of and

Review of facility notes revealed there was no documentation to review that indicated the physician was notified of the hospital admission.

In an interview with the facility manager on at approximately 2:45 PM, she stated she was unable to provide documentation the physician had been notified when resident #1 was hospitalized in 2014.

Class III

0090 Training -

Based on personnel record review and interview, the facility failed to provide, within 30 days after employment, at last one hour of training on the facility's policies and procedures regarding for 1 of 4 sampled direct care staff who provided care to residents (B).

Findings:

Personnel record review for staff B hired revealed there was no evidence to confirm that she had received 1 hour of training on the facilities policies' and procedures within 30 days of employment.

During an interview with the administrator on at approximately 3 PM, he stated he could not locate documentation to confirm that staff B had obtained the training as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015 amended state form
2015

Administrator
Brookdale Island Lake
160 Islander Court
Longwood, FL 32750

RE: CCR #Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey 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. **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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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