AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	08/04/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

0000 Initial Comments

Assisted Living Facility

Brookdale Pointe West, had deficiencies found at the time of visit.

An unannounced Biennial Survey with Limited Nurses Services (LNS) conducted on .

0052 Medication - Assistance with Self-Admin

Based on staff Interview and observations, the facility failed to ensure proper hand hygiene techniques were implemented for 2 of 3 (residents #2,#6) while assisting with self-administration of medications.

Findings Include:

During an observation of administration of self-administrating of medications on 12:18 P.M. Staff B, did not use hand sanitizers or wash her hands in between residents and prior to assisting with self-administration of medication for resident #2 and resident # 6. Staff B opened the MORS and verified resident medications. Staff unlocked the drawer and removed the medications from the drawer. Staff placed medications into a small cup and poured a small cup of water into a small cup. Staff than locked the med chart and took medications to the resident. Staff B proceeded by handing medication to resident #2. Resident #2 took medication and drank the water. Staff B waited until medications were taken before leaving.

12:21 P.M. Staff returned to medication cart and documented the medication on observation record. Staff B without washing hands or using hand sanitizer immediately proceeded to assist another resident #6 with medications at this time. Staff B opened the MORS and verified resident medications. Staffs unlocked the drawer and removed the medications from the drawer. Staff placed medications into a small cup and poured a small cup of water into a cup. Staff then lock the med cart and took medications to resident. Staff B proceeded by handing medication to resident #6. Resident #6 took medication and drank water. Staff B waited until medications are taken before leaving.

During an interview with the staff B on 12:31 P.M. Staff confirmed she did not use proper hand hygiene while assisting resident #2 and resident #6 with self-administration of medications. Staff stated, " I totally forgot, I normally wash my hands in between giving medications to resident, but I totally forgot."

During an interview with the Administrator at 1:00 PM., the Administrator confirmed staff B is an licenced LPN. The Administrator confirmed the facility had polices and procedures in place for control.

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The Administrator confirmed staff B should have washed her hands in between assisting with self-administration of medication of all residents. No further information was provided at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Pointe West
6101 Pointe West Blvd
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nurses services (LNS) monitoring 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

For Patricia Reid Caufman
Field Office Manager

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

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