AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	08/11/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BRANDON**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 S. KINGS AVENUE** **BRANDON, FL 33511**	

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

0000 Initial Comments

Assisted Living Facility

A biennial licensure survey with limited nursing services (LNS) was conducted on / and / in conjunction with complaint survey, CCR#2015005566 (aspen event id# DIS911).

The Brookdale Brandon assisted living facility had deficiencies found at the time of he visit.

0008 Admissions - Health Assessment

Based on record review and interview the Resident Health Assessment failed to contain information needed for one of three Residents reviewed (Resident #3).
Findings Include:
Review of the medical record of Resident #3 on / revealed she was admitted to the facility on / with a diagnosis of [redacted] and [redacted]. Resident #3 Resident Health Assessment on page four did not contain the date of the examination, the name, address, telephone number, or the license number of the examiner.
Interview with the Wellness Director on 8- at around 1:30 P.M. revealed that she verified items on page four of the Residents Health Assessment was incomplete.
Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to complete a Resident Health Assessment by an examiner at least every three years and complete a significant change for two of three resident (Residents #2 and #3).

Findings Include:

1. An / review of medical record of Resident #3 was admitted to the facility on / with a diagnosis of [redacted] and [redacted]. The Resident Health Assessment had a date that was at the top left of the form which documented (faxed) / . There was no documented evidence in the medical record that another Resident Health Assessment was completed after / for Resident #3.
2. Interview with the Wellness Director on at around 1:30 PM verified that there was no other Resident Health Assessment completed after that date for Resident #3.

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3. Review of medical record of Resident #2 was admitted to the facility o with a diagnosis of and . The Resident Health Assessment dated document for Activities of Daily Living Levels as independent with dressing, eating, toilet and transfer, and supervision with ambulation bathing and . Yet the a admission and comprehensive assessment was completed by hospice on / documents the resident was with no significant findings, but the activities of daily living levels were now needing assistance with mobility, bathing, dressing and toileting ,and supervision for feeding/eating. There was no documented evidence another Resident Health Assessment was completed for the resident when she went on hospice for (significant change).
4 .Interview with the Wellness Director of / at around 11:30 AM revealed Resident Health Assessment was completed for significant change for Resident #2 when she went on Hospice.
Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the Assisted Living Facility failed to provide assistance with self -administration of medication per the guidelines as noted in 429.256 F.S. The facility failed to explain the medications given and failed compare the MOR to the label of the medication prior to the medication given for 2 of 3 (Resident #12 and #13).

Findings Include;
1. Observation of Staff member E on / at 11:40 AM during the medication pass for Resident #12 revealed he washed his hands, unlocked the medication cart and compared the MOR to the label of the medication given which was Carb/levo 25-250MG 1 Tab PO three times daily and 50 MG 1 tab PO twice daily. He initialed the MOR and locked the cart and proceeded to walk to Residents #12 . Staff member E washed hands again and popped the pills into a cup and gave the cup to the resident with a cup of water and the resident took the medication by herself. He did not explain the medications that were given at any time during his encounter with the resident.
2. Observation of Staff member E on / at 12 noon during the medication pass for Resident #13 revealed he washed hands and unlocked the medication cart and took the MOR out and showed what medication he was given on the MOR to the surveyor which was 325 MG 1 tab PO three times daily. Staff member E initialed the MOR and put the MOR back in the draw of the medication cart and then proceeded to take the medication out of another draw which was the 325 MG which was documented on the label. Staff member E did not compare the MOR to the Label. Staff member E poured water in a cup and locked the cart and proceeded to residents #13 .
3. Interview with Staff member E on / at 11:40AM and 12 Noon verified that medications given were not explained to Resident #12 and did not compare the MOR to the Label of the medication cart for Resident #13.
Class III

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0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 2 (#A & #B) of 3 direct care staff sampled for facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation had the required in-service training within 30 days of hire.

Findings Include:

Record review of staff #A's personnel file on / revealed she was hired on and there was no documentation in her file stating staff #A had completed the required in-service training for facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations within 30 days of hire.

Record review of staff #B's personnel file on / / revealed he was hired on and there was no documentation in his file stating staff #B had completed the required in-service training for facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations within 30 days of hire.

When interviewed on / at 12:45 p.m., the administrator verified the documentation for the required trainings were not in staff #A and #B's personnel files.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure 3 (#A, #B & #C) of 3 direct care staff sampled for ( ) training had the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

Findings include:

Record review of staff #A's personnel file on / / revealed she was hired on and there was no documentation in her file stating staff #A had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

Record review of staff #B's personnel file on / revealed he was hired on and there was no documentation in his file stating staff #B had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

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Record review of staff #C's personnel file on / / revealed she was hired on / and there was no documentation in her file stating staff #C had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

When interviewed on / at 12:50 p.m., the administrator verified the documentation for the required training for was not in staff #A, #B, and #C's personnel files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Brandon
700 S. Kings Avenue
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) monitoringthat 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,

Patricia Reid Caufman
for Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form
XG90

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