AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	08/11/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

0000 Initial Comments

Assisted Living Facility

Brookdale Beckett Lake, had deficiencies at the time of visit.

An complaint survey CCR#2015005463 was conducted on [redacted]

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure the 1823 Health Assessment for 1 of 2(5) sampled resident records had a completed health assessment.

Findings Include:

During a review of resident records it was revealed that resident #5 did not have a completed health assessment available. The last health assessment that was dated [redacted] did not have the facility 's name or address, resident's known [redacted], height, weight, Physical sensory limitations, [redacted] or behavioral status that is on the front of the assessment was left blank. The section for assistance with activities of daily living was not completed. The section where the medications that are prescribed are to be listed was blank. Does the resident assistance self administered medication or needs medication administration was blank.

An interview with the facility administrator [redacted] 2:32 P.M. The administrator received resident #5 file with surveyor and confirmed findings. No further documentation was provided.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to maintain an up to date medication observation record (MOR) for 3(#5, #6, #8) of 3 residents sampled for medication review.

Findings include:

Record review of medication observation record (MOR) was conducted on [redacted] revealed resident 5, 6, 8's MOR had blanks. The MOR was not initialed by the med tech. and there was no documentation or explanation on the back of the MOR to indicate a reason the medications was not given.

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

Resident #5 On / did not receive 0.25 mg Take one tablet by mouth at bedtime was blank.
Resident #6 On and 75 mcg tablet (–,...i) Take one tablet by mouth once daily 6:00AM was blank.
Resident # 8 On and Mag Cap 20.6mg Take one capsule by mouth twice daily 6:00AM and 4:00PM . the 6:00AM was blank.
On / during this review the medication were checked and found to be available.

During an interview with the wellness director on / it was stated. The facility has a process that the med techs follow to ensure they don't have med error.
The wellness director was shown the MORS and identified three different med techs with med errors. She stated she planned to address this right away.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Beckett Lake
2155 Montclair Road
Clearwater, FL 33763

RE: CCR #2015005463

Dear Administrator:

This letter reports the findings of a complaint 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 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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