RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Tavares
2232 Dora Avenue
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
7, 2015 by a representative of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 (386) 462-6201.

Sincerely,

for
Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

YOSF

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964319	R
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TAVARES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2232 DORA AVENUE** **TAVARES, FL 32778**	

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

0000 Initial Comments

An unannounced Follow-Up Biennial Survey visit was conducted on , 2015 at Brookdale Tavares, 2232 Dora Avenue, Tavares, FL. Licensure deficiency was identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0056 Medication - Labeling and Orders

Based on observation, interview and record review, the failed to ensure that medication, , for 1 of 5 residents (Resident #8), had label directions, Medication Observation Record (MOR) documentation, and physician's orders, that corresponded with one another. Specifically, the label and the MOR had directions to hold the medication if less than 110 and the diastolic less than 160, while the order for checks was discontinued on .

Findings:

An observation was conducted on , 2015 at 9:24 AM of Licensed Practical Nurse (LPN) unlocking the medication cart, retrieving medications for Resident #8, which included medication. The medication label was observed to read 12.5 mg x 1, hold if less than 110, and diastolic less than 160. The LPN was then observed to place the medication in a paper cup, pour a cup of water, and then give the medication to the resident. The LPN was observed to have not taken Resident #8's prior to administering the medication.

An interview was conducted on , 2015 at 9:52 AM with the LPN. She confirmed that she did not check Resident #8's prior to administering the .

Review of Resident #8's Medication Observation Record (MOR) for the month of 2015 showed medication of Hydroclorothiazide 12.5 mg x 1, hold if less than 110, and diastolic less than 160.

Review of order for Resident #8, dated , showed discontinue daily checks.

An interview was conducted on , 2015 at 10:27 AM with Corporate Registered Nurse (RN). She stated the physician's order, dated , discontinued the daily checks for Resident #8. She stated the MOR and the medication label will have to be changed, as they do not match the physician's order.

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Class III