RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Brookdale Paddock Hills
1601 S.E. 24th Road
Ocala, FL 32671

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2015 by a representative of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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. Should you have any questions please call this office at (386)462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	10/14/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PADDOCK HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 S.E. 24TH ROAD** **OCALA, FL 32671**	

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

0000 Initial Comments

An unannounced Biennial Licensure Survey was conducted at Brookdale Paddock Hills Assisted Living Facility in Ocala, Florida on . . . . . Licensure deficiencies were identified as a result of the survey.

0010 Admissions - Continued Residency

Based on interview and record review the facility failed to obtain a health assessment following a change in condition in 1 (Resident #6) of 2 resident records reviewed.
Findings:
A review was conducted of the medical record for Resident #6. The record revealed a change of condition on . . . . . when Resident #6 was admitted to hospice.
A review of the current health assessment (AHCA Form 1823) was conducted. The health assessment was completed on . . . .
An interview was conducted with Diane Grant, Wellness Nurse on . . . . . at 6:26 PM. She stated that it was the policy of Brookdale to do a health assessment on each resident once a year. She confirmed that a new health assessment was not completed when Resident #6 had a change of condition with an admission to hospice care.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to ensure that unlicensed personnel followed correct medication practices in 1 (Resident #12) of 3 residents observed during medication review.

Findings:

An observation of the medication review was conducted on . . . . . at 1:45 PM. The Medication Tech, Staff D was observed removing medications from the original bubble pack containers and putting the medication into a medication cup filled with applesauce. Staff D then took the medication cup with 4 medications in the cup with applesauce along with a spoon into Resident #12 . . . . . Staff D told Resident #12 "I have your medicine." Staff D was observed handing the medication cup and spoon to Resident #12 . Resident #12 was observed to take medications.

An interview was conducted with Staff D on . . . . . at 1:51 PM. This surveyor asked the Med Tech if she took the orginal containers of the medications into the residents . . . . . read the labels to Resident #12. Staff D stated that she did not.

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An interview was conducted with the Health and Wellness Director on at 3:05 PM. She confirmed that Staff D should have taken the medications in the original container to Resident #2 and read the labels and explained the medication process to Resident #12.
Class III

0056 Medication - Labeling and Orders

Based on observation, interview and record review the facility failed to ensure that medications were labeled as ordered by the physician in 1 (Resident #12) of 3 residents reviewed.

Findings:

1. An observation of the medication pass at 1:45 PM on revealed Resident #12 received (substituted for CR) 25-100 Tablet. The medication label read "Take 1 tablet by mouth twice daily. Take 1 & 1/2 tab by mouth twice daily."
A review of the Medication Observation Record (MOR) revealed a handwritten entry of "Caridopa : Take 1 tab by mouth at 6A, 10A, 2P, 6pm, dated
A review the physician's orders for ( ) was conducted. It revealed the following orders dated " Change to 1 tab at 6 AM, 10 AM, 2 PM and 6 PM
An interview was conducted with Staff D at 2:00 PM on revealed that the label did not match the MOR and there was no change sticker to alert the change for the
An interview was conducted with the Health and Wellness Director on at 3:16 PM. She confirmed and agreed that there should be change labels on the medications alerting staff to the changes in the medication doses.
2. An observation of the medication pass at 1:45 PM on revealed Resident #12 received ER (substituted for CR) 50-200 Tablet. The medication label read "Take 1 tablet by mouth three times daily at 7AM, 3PM, 10PM
A review of the Medication Observation Record (MOR) revealed -Levo ER 50-200 tablet: Take 1 tablet by mouth three times a daily at 6AM, 2PM and 10 PM." The times were changed in handwritten ink.
A review the physician's orders for ( ) was conducted. It revealed the following orders dated : Change times on CR (three times a day) to 7A - 2P - 10PM.
An interview was conducted with Staff D at 2:00 PM on revealed that the label did not match the MOR and there was no change sticker to alert the change for the
An interview was conducted with the Health and Wellness Director on at 3:16 PM. She confirmed and agreed that there should be change labels on the medications alerting staff to the changes in the medication doses.

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3. An observation of the medication pass at 1:45 PM on revealed Resident #12 received 0.5 mg. The medication label read "Take 1 tablet by mouth three times daily ...Take 1 tab three times daily as needed last dose by 6 pm."
A review of the Medication Observation Record (MOR) revealed ( ) 0.5 mg Tablet: Take 1 tablet by mouth three times daily. Further review of the MOR revealed that there was also another entry for ( ) 0.5 mg tablet Take 1 tab by mouth once daily as needed.
A review the physician's orders for ( ) was conducted. It revealed the following orders: dated 0.5 mg 1 tablet by mouth every 8 hours around the clock and dated a clarification of the ' as needed ' order to read Take 1 tab daily by mouth as needed.
An interview was conducted with Staff D at 2:00 PM on revealed that the label did not match the MOR and there was no change sticker to alert the change for the , - , or the .
An interview was conducted with the Health and Wellness Director on at 3:16 PM. She stated that the instructions for the were printed on one label for both orders. She also confirmed and agreed that there should be change labels on the medications alerting staff to the changes in the medication doses.
Class III