RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Brookdale Leesburg 1
700 South Lake Street
Leesburg, FL 34748

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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
	AL11964270	10/09/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 Initial Comments

An unannounced Biennial Licensure survey was conducted at Brookdale Leesburg 1 in Leesburg, Florida on . Licensure deficiencies were identified as a result of the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a new healthcare assessment (AHCA Form 1823) following a significant change in health care status in 1 (Resident #1) of 1 residents reviewed.
Findings:
A review of Resident #1's medical record revealed she was admitted to Hospice on . Further review revealed the current healthcare assessment in Resident #1's medical record was done on .

An interview was conducted with the Health and Wellness Nurse on at 3:36PM. She confirmed that there was not a new healthcare assessment (AHCA Form 1823) done following the significant change, admission to hospice, for Resident #1.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation, interview and record review the facility failed to ensure that Over The Counter (OTC) medications were labeled with the resident's name or obtained a health provider's order for OTC medications for 1 (Resident #2) of 1 residents reviewed.
Findings:

An observation of Resident #2 on at 10:45 AM revealed the resident had Over The Counter (OTC) medications in her . The medications were located on the end table next to the resident's recliner. The OTC medications were Centrum Silver and . The medications were not labeled with the residents name.
An interview conducted with Resident #2 on at 10:45AM confirmed that the medications belonged to her. She stated that she takes the (Centrum Silver) and the if her stomach is upset.
An interview was conducted with the Health and Wellness Nurse on at 2:35 PM. She stated that she did not know that the OTC medications were in the resident's . She confirmed that the OTC medications were in the residents they were not labeled with the resident's name. She further confirmed that Resident #2 as per the resident's health assessment needs medications

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	10/09/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

administration and that she would have to check to see if there was a healthcare provider's order for it.
A review of the AHCA Form 1823 revealed Resident #2 has a diagnosis of [redacted]. It further revealed Resident #2's visual acuity is limited due to [redacted]. It also revealed Resident #2 needs help with her medications and that she required medication administration.
A review of the facility policy entitled "Medication & Treatment - Administration/Assistance - CS-40-2" revealed in the Policy Overview: Medication Assistance and or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's health care provider.
Class III

0081 Training - Staff In-Service

Based on interview and record review the facility failed to provide Staff In-Service training within 30 days of employment for 1 (Staff C) of 3 staff records reviewed.

Findings:

A review of the facility "Associate Information" list provided to the surveyor on showed that Staff C was hired on / /.
An interview conducted with the Business Office Coordinator on at 5:00 PM confirmed that Staff C did not receive her staff in-service training within 30 days of hire.
An interview conducted with the Health and Wellness Nurse on at 5:30 PM stated that the training was not available until their online education system was set up.
A review of the personnel record for Staff C revealed that training was not provided within 30 days of employment.

Class III