AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	10/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CLEARWATER	**2750 DREW STREET CLEARWATER, FL 33759**

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015008085, was conducted on .

Brookdale Clearwater, assisted living facility, had a deficiency at the time of the visit.

0025 Resident Care - Supervision

Based on interview and record review, the facility failed to maintain written records, updated as needed, documenting illnesses that resulted in medical attention for 4 (Resident #1, #3, #4,and #5) of 5 resident records reviewed.

Findings include:

A review of Resident #1 ' s medical record shows a document called Skin Observation Form dated . The skin observation section shows " " being marked with the description of Red - Abd. Around where pants are- shoulders arms & legs.

A form called Telephone Encounter dated includes Resident #1 ' s name. The form shows a message that includes " ..., has a ' all over arms and chest, ...pls advise? ' The Refills section of the form reads, " Start Dose Pak, orally, 1 packet as Directed. "

A review of Resident #1 ' s medication observation records (MORs) for the period of through shows: 5%- 1 app once applied 1 dose with the date of is a medication used for the treatment of , a skin condition.

During interviews with the clinical service manager, she stated that Resident #1 had and she indicated that the prescribed for Resident #1 was for her skin condition.

A further review of Resident #1 ' s medical record showed that there was no documentation regarding notification of the resident ' s responsible party, what care and oversight the facility staff provided to treat the skin condition or the status of the condition.

Interviews with Med Tech A and Med Tech B were conducted and both stated that Resident #1, Resident #3, Resident #4, and Resident #5 had at the facility.

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A review of Resident #3 ' s MORs for the charting period of / / through / shows the medication: ..... 3 mg tablet- Take 4 tablets by mouth= 12 mg 1 X Dose then repeat 14 days. Initials on the MORs indicate the medication was taken on and / . is a medication used for skin conditions including .

A review of Resident #3 ' s medical record showed no documentation of the resident having or any other indication of skins rashes, notification of physician or responsible parties concerning her condition or care provided by the facility.

A review of Resident #4 ' s MORs for the charting period of / through shows the medication: Cream- apply head to toe- leave on 12 hrs then wash off. Initials on the MORs indicate the medication was used on . Cream is used for the treatment of .

A review of Resident #4 ' s medical record showed no documentation of the resident having or any other indication of skins rashes during 2015, notification of physician or responsible parties concerning her condition or care provided by the facility.

A review of Resident #5 ' s closed medical record showed a fax transmittal dated / from an advanced registered nurse practitioner (ARNP). The ARNP signed prescription shows: 1. Cream- apply from chin to toes, leave on for 12 hours then shower- Repeat in 2 weeks. 2. Wash all belongings. 3. 200 mcg/Kg- Have ALF weigh resident and add weight to order prior to sending to Pharmacy. 4. Pharmacy to dose .....

A further review of Resident #5 ' s medical record shows a Skin Observation Form dated with the description of: " Redness: left under arm scarring. Excessive dryness/flaking. Location face/upper lip. " The medical record showed no documentation of the resident having or any other indication of skins rashes, notification of physician as to when the condition was first observed, notification to responsible parties concerning her condition or care provided by the facility.

An interview with the clinical service manager took place at 3:15 PM on / / concerning the lack of documentation in the residents ' files concerning the facility ' s treatment and documentation of skin conditions for Resident #1, #3, #4 and #5. She stated that the files are thinned every 3 months and would look for further documentation. At approximately 4:15 PM, she stated that there was no further documentation available.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Brookdale Clearwater
2750 Drew Street
Clearwater, FL 33759

RE: CCR# 2015008085

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on [redacted], 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 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 [redacted], 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.

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Youtube.com/AHCAFlorida
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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/kpr

Enclosure: State Form 5000-3547