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 **second** State Licensure Revisit Survey conducted on 10, 2015 by representative(s) 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 , 2016.**

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 Chuck Bory at (386) 462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	R
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

On , 2015 a follow-up survey was conducted at Brookdale at Paddock Hills. Deficient practice was substantiated, the facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on interviews and record reviews the facility failed to provide assistance with self-administration of medication as prescribed for 1 of 7 residents. For resident #5.

Findings:

On at approximately 1:15 PM during an interview resident #5 stated she was suppose to get four breathing treatments a day but she had been only getting two.

A record review of resident #5 medication observation record was conducted. It was observed she was to receive Iprat- 3 ml via 4 times a day. The MOR for 2015 showed she had been receiving the medication as required.

On at approximately 1:15 PM it was observed that resident had 47 3 ml vials of remaining for a prescription that was filled on / and came with only 60 vials. The MOR showed that 90 dosages had been given since / which is an excess of 30 vials of the perscription filled on / .

On at approximately 1:30 PM this discrepancy was discussed with the facility Health and Wellness Director. She stated there must have been more delivered and she called Care Pharmacy to find out if any other prescriptions of had been filled other than the one on / .

On at approximately 1:35 PM interview was conducted with the pharmacist intern and she stated that there had only been 2 prescriptions filled for resident #5 in the last three months. She stated that on they filled a prescription for 60 dosages of 3 ml each and the same was filled on / and that was all.

On at approximately 2:47 PM an interview was conducted with staff D in reference to her giving resident #5 her during her shift from 7 AM to 3 PM. Staff D stated she always gives the resident her medication. She said that the resident did complain to her about not getting her 2 evening doses and she told the nurse.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	R
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)

On at approximately 3:46 PM an interview was conducted with staff F who works from 3 PM to11 PM. She stated she has been giving resident #5 her at 4 PM and 9 PM. She may give it late sometimes but she gives it. She also stated that staff rotates assignments and she may not work with resident #5 for 3 days before she assists her again.

A record review of 2015 MOR was conducted and there were counted 16 dosages which were not given during the month.

On an interview was conducted with the Health and Wellness Director in refrence to the medication not being given as required. She stated she was not aware of the medication not being giving as ordered or that the medication needed to be reorded. She stated the hospice provider ordered the medication for resident #5 through the pharmacey not the facility.

Class III