RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

RE: CCR#2015011075

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by representative(s) 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 [redacted], 2016.** 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(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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	**12/10/2015**
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

On [redacted], 2015 a complaint investigation CCR #2015011075 survey was conducted at Brookdale at Paddock Hills Assisted Living Facility. Deficiencies were identified and the facility was not in compliance.

0055 Medication - Storage and Disposal

Based on observations and interviews the facility failed to keep medication locked in secure storage for 1 of 7 residents. For resident #1.

Findings:

On [redacted] at approximately 10:15 AM it was observed that there was unsecured eye drops and nasal spray on the med-cart in the medication hidden in the observation record belonging to resident #1.

On [redacted] at approximately 10:16 AM an interview was conducted with staff B in reference to the the eye drops and nasal spray being unsecured on the med-cart. She stated resident #1 administers her own nasal spray and eye drops and she puts them back on the cart when she done. Staff B stated "I was busy with another resident and did not secure the medication."

Class III