STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	11/25/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

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

0000 Initial Comments

A complaint investigation (CCR 2015008680) was conducted at Brookdale Conway on / to / in conjunction with Limited Nursing Servicesnmonitoring. Brookdale Conway had deficiencies found at the time of the visit.

0054 Medication - Records

Based on record review and interview the facility failed to maintain up-to-date Medication Observation Records (MOR) for 1 of 4 sampled residents (#2).
Findings:
Resident record review that included controlled substance count sheets for resident #2 revealed a health assessment report from 1823 dated that listed diagnoses of , and high . She was alert and oriented. Assistance was needed with self-administration of medications. A prescription dated indicated milligrams one tablet every 6 hours for 5 days as needed for pain. The 2015 Medication Observation Record (MOR) listed / milligrams take one tablet every 6 hours as needed for pain. The medication was noted as given on at 5 PM, at 7 PM, at 5 PM, / 12:05 & / at 5 PM.
The control substance log indicated that a pill was given on but the 2015 MOR had no evidence to confirm that the medication was given. The 2015 MOR indicated that a pill was given on / at 5 PM however the control substance log indicated the medication was given at 8 PM.
A healthcare provider's order dated indicated 50 milligrams take one tablet 3 times daily and hold if (first number) was less than 100. The 2015 MOR listed 50 milligrams 3 times daily and hold if (first number) was less than 100. The medication times were 9 AM, 12 PM, 5 PM. The MOR noted the medication was given 3 times daily from to . The review revealed no evidence to confirm that the was taken 3 times daily prior to administering the medication.
In an interview with the Licensed Practical Nurse on / at 3 PM, who stated she was unable to locate the log.
In an interview with the Executive Director on at 3:45 PM who stated she had taken the position 3 weeks ago, the interim director was no longer at the facility.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Conway
5501 East Michigan Street
Orlando, FL 32822

RE: CCR #2015008680

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015, to , 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 , 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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