STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	01/08/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OCOEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 NORTH CLARK RD** **OCOEE, FL 34761**	

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

0000 Initial Comments

A Complaint investigation (CCR#2016000082) was conducted on I/ at Brookdale Ocoee, 80 North Clark Road, Ocoee 34761. A deficiency was found at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review the facility failed to honor resident's rights to have a safe and decent living environment, free from [illegible] and neglect for 1 of 7 residents (#1).
Findings:
1. An interview on I/ at 10:05 am with the Administrator confirmed that on the Activity Director left with 7 residents including Resident #1, on an outing and failed to take the list of residents attending the outing with her. He stated the activity director was not aware when returning to the facility that she had left Resident #1 at the store. He stated the police had brought Resident#1 back to the facility and the facility was never aware the resident had been missing. The Administrator stated it is policy for the activity director to always take the list of residents attending on the outings.
2. An interview on I/ at 10:15 am with the Wellness Nurse Manager confirmed Resident #1 had been left at the store by the activity director and then brought back to the facility by the police. She stated she then assessed Resident #1 for injuries. She stated the facility policy is to always have the list of residents attending the outing with the activity director at all times.
3. An interview on I/ at 11:00 am with the Activity Director confirmed that the policy of the facility is to always have the list of residents attending the outing with her on the bus. She confirmed she did not have the list of residents attending the outing and was unaware that she had left Resident #1 at the store when she returned back to the facility. She stated she was unaware that Resident # 1 was missing until the police officer brought Resident #1 back to the facility.
4. During a review of the police report dated revealed that Resident #1 was left behind at the store, and did not know where she was or where she lived. The report confirmed that the police officer contacted a family member to get the address of the facility where Resident # 1 resided. The report also stated that the facility was unaware that Resident #1 was missing from the facility until brought back by the officer.
5. During interviews on I/ at various times from 12:15pm to 1:45pm with Resident ' s #2,3,4,5,6,7,8,9,10 and 11 confirmed the facility's policy is for the Activity Director to take the sign in sheet on every outing in order to take a role call before the trip begins and when they are departing to go back to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Ocoee
80 North Clark Rd
Ocoee, FL 34761

RE: CCR #2016000082

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 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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