**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967857 | 02/01/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BRENTWOOD SENIOR LIVING COMMUNITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6280 CENTRAL AVE, STE 312**<br>**SAINT PETERSBURG, FL 33707** | |

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

**0000 Initial Comments**

Assisted Living Facility Complaint

Two complaint investigations (CCR# 2015011439 & CCR# 2015012181) were conducted at Brentwood Senior Living Community from I/ to I/ . Brentwood Senior Living Community, Assisted Living Facility, had deficiencies at the time of the visit.

**0055 Medication - Storage and Disposal**

Based on observation, record review and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, area at all times for 1 of 3 medications carts observed.

Findings included:

On I/ at 3:44 P.M. An observation of a medication cart on the first floor of building (A) was observed unlocked. Surveyor waited by medication cart for three minutes, still no staff present at this time.

During an interview with the assistant D.O.N (Director of Nursing) on I/ at 3:50 p.m. Surveyor, explained to the Assisted D.O.N (Director of Nursing) that the medication cart in building (A) was observed unlocked and no staff was present for more than three minutes. The Assisted Director of Nursing, confirmed medication cart and location. The Assisted D.O.N stated " Ok, we are going to have to do some training, thank you. "

Class III

**0093 Food Service - Dietary Standards**

Based on interview and record review, the facility failed to provide proof of complete regular and therapeutic menus to be used by the facility, with an annual review, signed by a licensed or registered dietitian (Approved Menus),that are required to ensure that meals meet nutritional standards.

**AGENCY FOR HEALTH CARE ADMINISTRATION**

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| | **AL11967857** | **02/01/2016** |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

A dining and food services review was conducted on Tuesday, / and copies of the facility ' s Approved Menus were requested from the food service director.

During a review of the facility ' s 4 week menu cycle of Approved Menus, it was discovered that all meals for Tuesday, Week 1, were missing from the files that were presented.

An interview was conducted during the lunch time meal with the chef at approximately 12:15 PM on / /. The chef indicated that this was week 1 of the facility ' s menu cycle. The chef was asked about the Approved Menus for Tuesday, Week 1 and he stated that he could not find today ' s Approved Menus.

An interview was conducted with the chef and food service director at 4:10 PM on / /. The chef and food service director both stated that they were not able to locate today ' s Approved Menu for Tuesday, Week 1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brentwood Senior Living Community
6280 Central Ave, Ste 312
Saint Petersburg, FL 33707

**RE: CCR# 2015011439 & CCR# 2015012181**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted , 2016, through , 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.

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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