| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964708 | 02/02/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE HERMITAGE BOULEVARD** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1780 HERMITAGE BLVD.**<br>**TALLAHASSEE, FL 32308** | |

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

**0000 Initial Comments**

ECC/LNS Monitoring

On , 2016 an unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted at 1780 Hermitage Blvd, Tallahassee, Florida. The facility had residents requiring LNS services, but no residents requiring ECC services. The facility had deficient practice at the time of the survey.

**0010 Admissions - Continued Residency**

Based on interview and resident record review, the facility failed to ensure that 1 of 3 sampled residents continued to meet residency criteria, and failed to, after having a significant change in condition (, ), have those changes and results of an examination recorded on AHCA Form 1823. (Resident #3).

The findings include:

On a record review for Limited Nursing Services was conducted for Resident #3. Resident #3 was initially admitted into the facility on . After Hospitalization, the resident was readmitted back into the facility and began receiving Hospice Services effective . The resident's record revealed a Resident Health Assessment, ACHA form 1823, dated , which identified the provision of " care to right leg due to 3 x week". No," , 3 or 4 pressure sores and marked "yes" to " ....this individual's needs can be met in an assisted living facility ...," signed by the Advanced Registered Nurse Practitioner (ARNP).

Resident #3's open medical record included Hospice Progress Notes from through 2015. These notes included assessments. More current Hospice Progress notes were not immediately available. A Progress note dated , 2015 identified a to the left as a , a non-healing large to the right lower leg, and a , to the left heel. Hospice has continued to see the resident 3-4 times a week and provide care. The facility has orders to perform Limited Nursing Services to "clean wounds to right leg and left heel with cleanser. Apply non-adhesive dry dressing as needed". Additional progress notes faxed from Hospice were presented just prior to exiting the facility for 2015 and 2016. Progress notes from identify the presence of a recurrent to left , to the right leg and to left heal, not staged. Note from *identifies the left heel* to remain a .

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SUMMARY STATEMENT OF DEFICIENCIES
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On at approximately 2:00pm an interview was conducted with the Administrator. She confirmed there was not an updated 1823 after a change in condition for Resident #3. She thought the Health and Wellness Director (HWD) had taken care of this and was not aware that this had not been done. The HWD was not available for interview.

Class III

**N278 LNS - Records**

Based on resident record reviews and interview, the facility failed to ensure residents receiving Limited Nursing Services (LNS) , received nursing assessments at least monthly for 3 of 3 residents reviewed (resident #1, #2 and #3).

The findingss include:

On a record review was conducted for Resident #1. Resident #1 had a physician order, dated , for "LNS for care as needed dressing change. A review of the monthly nursing assessment failed to identify an assessment performed during the month of 2016. The last nursing assessment was performed on .

On a record review was conducted for Resident #2. Resident #2 had a physician order, dated to "Admit to LNS for care as ordered to be provided by home health to LLE (left lower extremity) and right knee. Community nurse may provide temporary border adhesive dressing in the event dressing is dislodged until home health is available." A review of the record for monthly nursing assessment, failed to identify a nursing assessment for the month of 2016. The last nursing assessment was performed on .

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| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE HERMITAGE BOULEVARD** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1780 HERMITAGE BLVD.**<br>**TALLAHASSEE, FL 32308** | |

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

Record review for resident #3 was conducted. Resident #3 has a physician order, dated to "Admit to LNS for care when Hospice is unavailable. Clean to right leg and left heel with cleanser. Apply non-adhesive dry dressing as needed. A review of the monthly nursing assessment failed to identify an assessment performed during the month of 2016. The last nursing assessment was performed on .

On at approximately 2:00pm an interview was conducted with the Administrator, she confirmed the missing nursing assessments and stated that the nurse that performs those assessments has been short staffed and she was not aware that she had not come over to perform the nursing assessments for .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Hermitage Boulevard
1780 Hermitage Blvd.
Tallahassee, FL 32308

**RE: LNS/ ECC Monitoring**

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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
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