

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810	(X3) DATE SURVEY COMPLETED R
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

Revisit to a complaint investigation 2015008680 was conducted on [redacted] Brookdale Conway had deficiencies at the time of the visit.

0054 Medication - Records

Deficiency A-054 remained uncorrected.

Based on record review and interview the facility failed to maintain an up-to-date Medication Observation Record (MOR) for 1 of 2 sampled resident (#1).

Findings:

Resident record review for resident #1 revealed a health assessment report from 1823 dated [redacted] that indicated assistance was needed with self-administration of medications.

Observations on [redacted] at 1 PM noted a prescription label dated [redacted] that indicated [redacted] 0.5 milligrams(mg) every morning.

The log indicated [redacted] 0.5 mg was given on [redacted] & [redacted] at 9 AM and on [redacted] at 9 AM & 9 PM. The log did not indicate that the medication was given on [redacted] and [redacted]. Per log the resident had 30 pills on [redacted] and had 20 pills available on [redacted]. The 2016 MOR indicated the medication was given on daily at 9 AM from [redacted] to [redacted]. If the Medication was given daily as per the MOR and including the extra used pill used on [redacted] in the PM, then she should have 18 pills available; 12 pills should have been given. The resident was also on [redacted] 1 mg at bedtime every day. Prescription label [redacted] indicated [redacted] 0.5 mg every morning. The prescription label dated [redacted] indicated [redacted] 1 mg at bedtime.

The 2016 MOR listed [redacted] 0.2 mg apply 1 patch every day, remove at bedtime. Had staff initials circled on [redacted] and [redacted] 16.

The 2016 MOR listed [redacted] DR 20 mg one daily had staff initials circled from [redacted] and [redacted]

The 2016 MOR listed Oxybutin 5 mg one daily and had staff initials circled from [redacted] to 02.12. The medication was marked as given on [redacted]

An opportunity was given to The Health and Wellness Director to locate the resident's Oxybutin and [redacted] patches. He retrieved a box of [redacted] patches. Observation of the box revealed it was empty. After he searched for the medications, he stated the medications were not available.

In an interview with the Executive Director on [redacted] at 1:30 PM who stated most likely the staff took 2 pills of 0.25 mg each to make up the 1 mg needed at bedtime. As to the [redacted] being signed off when it was not available, maybe the staff signed off to indicate in was not on.

Class III

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810	(X3) DATE SURVEY COMPLETED R 02/16/2016
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)

0056 Medication - Labeling and Orders

Based on interviews and record reviews the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration were filled in a timely manner for 1 of 2 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed a health assessment report from 1823 dated _____ that indicated assistance was needed with self-administration of medications.

Observations on _____ at 1 PM noted the _____ 2016 MOR noted it listed _____ 0.2 mg apply 1 patch every day, remove at bedtime. Staff initials were circled on _____ and _____

The _____ 2016 MOR listed _____ DR 20 mg one daily and had staff initials circled from _____ and _____

The _____ 2016 MOR listed Oxybutin 5 mg one daily and had staff initials circled from _____ to _____. The medication was marked as given on _____.

There were no written notations to confirm the facility took every reasonable effort to ensure the residents' medications that included _____, Oxybutin and _____ patches were refilled in timely manner. The back page of the MORs were blank. The record review revealed there was no evidence the family or the resident's healthcare provider were made aware the resident was out of medications.

In an interview with the Health and Wellness Director on _____ at 1:15 PM who stated whenever the MOR had staff initials circled, it meant the medication was not available. An opportunity was given to the Health and Wellness Director to locate the resident's _____, Oxybutin and _____ patches. He retrieved a box of _____ patches. Observation of the box revealed it was empty. After he searched for the medications, he stated the medications were not available. He was aware the facility had a problem getting the _____; the Oxybutin and _____. The medications were ordered on _____ Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Conway
5501 East Michigan Street
Orlando, FL 32822

RE: Revisit to #2015008680

Dear Administrator:

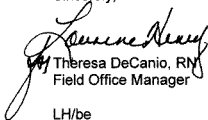
This letter reports the findings of a revisit complaint survey conducted on 16, 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 1, 2016.**

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 this office at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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