STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	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 . 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 that indicated assistance was needed with self-administration of medications.
Observations on at 1 PM noted a prescription label dated / that indicated 0.5 milligrams(mg) every morning.
The log indicated 0.5 mg was given on , , , / , / , & / at 9 AM and on at 9 AM & 9 PM. The log did not indicate that the medication was given on , and . Per log the resident had 30 pills on and had 20 pills available on . The 2016 MOR indicated the medication was given on daily at 9 AM from to . If the Medication was given daily as per the MOR and including the extra used pill used on in the PM, then she should have 18 pills available; 12 pills should have been given.
The resident was also on 1 mg at bedtime every day. Prescription label / indicated 0.5 mg every morning. The prescription label dated indicated 1 mg at bedtime.
The 2016 MOR listed 0.2 mg apply 1 patch every day, remove at bedtime. Had staff initials circled on , / , / , / , and .16.
The 2016 MOR listed DR 20 mg one daily had staff initials circled from , , and .
The 2016 MOR listed Oxybutin 5 mg one daily and had staff initials circled from to 02/12, . The medication was marked as given on .
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.
In an interview with the Executive Director on 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 being signed off when it was not available, maybe the staff signed off to indicate in was not on.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	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, 2016by 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 , 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

BBT7

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida