STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE YORKTOWNE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127

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

0000 Initial Comments

A follow-up visit to a complaint survey (CCR #2015008388) was conducted at Brookdale Yorktowne on . Brookdale Yorktowne had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on a review of resident records, and interview with the Executive Director (ED), the facility failed to ensure that unlicensed staff who assist with the self-administration of as-needed medications did not have to use independent judgement to interpret the need for the medication for 2 of 4 sampled residents (Residents #1 and #2) whose records were reviewed.

The findings included:

A record review for Resident #1 revealed a physician's orders for 10 gram/15 milliliters (ml) oral solution (a and ammonia reducer used for and treatment of). The instructions were to give 30 ml once daily at bedtime as needed. Resident #1 also had a physician's order for Milk of Magnesia (an and used to treat , and/or upset stomach), 400 milligrams (mg)/5 ml oral suspension, give 30 ml by oral route once daily as needed, followed by a full glass (8 ounce) of liquid. Neither physician's order or instructions stated what condition or symptom(s) the medications were to be given for.

A record review for Resident #2 revealed an order for gel (an anti- medication) 1 mg/ml, take 0.5 mg by route every 4 hours as needed. She also had an order for (an anti-) 2 mg every 4 hours as needed. Neither physician's order or instructions stated what condition or symptom(s) the medications were to be given for.

A telephone interview was conducted with the ED at 12:20 pm on . She confirmed in the interview that there were no behavioral symptoms identified for the use of the gel for Resident #2. The ED stated it was for used for agitation for this resident. She reviewed the orders for Residents #1 and #2, and confirmed the indications for use were not listed. The ED confirmed unlicensed staff assisted with the self-administration of medications, and were not capable of making a judgement as to when to dispense these medications. She stated the orders would need to be corrected.

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

This was cited as a result of a previous complaint survey on

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Yorktowne
1675 Dunlawton Avenue
Port Orange, FL 32127

Re: CCR #201508388

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative 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.

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 (904) 798-4201.

Sincerely,

Jana Meyering, CHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

BBT7

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