RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Lake Tavares
1211 Caroline Street (East)
Tavares, FL 32778

**RE: CCR #2016002157**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953298 | 03/31/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE LAKE TAVARES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1211 CAROLINE STREET (EAST)**<br>**TAVARES, FL 32778** | |

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

**0000 Initial Comments**

On , 2016 through , 2016, an unannounced biennial and limited nursing services re-licensure survey, in conjunction with a complaint survey (CCR #2016002157), was conducted at Brookdale Lake Tavares. Deficient practice was identified during the survey.

**0052 Medication - Assistance with Self-Admin**

Based on observation, interview and record review, the facility failed to comply with assistance with medication self-administration standards by pre-pouring medications and not reading the medication labels for 3 of 4 residents (Residents #6, #7 and #8), as well as not following the prescribed order regarding medications to be given before meal times for 1 of 4 residents (Resident #6).

Findings:

1.) An observation on at 1:03 PM showed the Medical Technician (Med. Tech) on the first floor unlock the medication cart, pulled Resident #6's bubble packs from the drawer of the medication cart. The Med. Tech pre-poured all 5 medications in a medication cup one pill at a time. The Med. Tech returned all the bubble packs inside the medication cart for storage. The Med. Tech took the cup of medicine with 5 drugs in it and a apparatus and entered Resident #6's apartment in . The Med. Tech took the resident's on the right arm and obtained a reading of . The Med. tech handed the medication cup to Resident #6 and stated, "Here are all your medications," and handed Resident #6 a cup of water. Resident #6 took the cup and separated the tablet. Resident #6 took and swallowed all 4 pills with water. Resident #6 took the tablet and started chewing it as ordered. The Med. Tech exited the signed the medication observation record (MOR). The Med. Tech. failed to read the medication labels and names of the medications to the resident.

Review of Resident #6's medication observation record (MOR) dated / - / reads Sucralfate 1 gm tablet by mouth four times a day before meals and at bedtime and scheduled to be given at 8 AM-12 PM-4 PM-8 PM.

During an interview with Resident #6 on at 1:11 PM in her , she stated that the facility

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had a "Girls Out" activity today on the third floor and she had Pizza for lunch. Resident #6 stated she already had her lunch and returned back to her the first floor.

During an interview with the Med. Technician on at 1:28 PM, she stated she has worked in the facility for 4 years. She stated she had her latest medication assistance training a year and a half ago. The Med. Tech was asked to re-check the bubble pack for the Sucralfate and read the label as Sucralfate 1 gm tablet by mouth four times a day before meals and at bedtime. The order was to give the medication before meals. The Med. Tech confirmed on at 1:29 PM that she administered the medication after Resident #6 had her lunch.

2.) An observation on at 1:20 PM showed the first floor Med. Tech unlocked the medication cart and pulled the bubble pack from the cart. The Med. Tech pre-poured the pill in to a medication cup, entered the residents' handed the cup to Resident #7 and said, "Here is your ". Resident #7 took the medication. The Med. tech exited the charted in the (MOR). The Med. Tech. failed to read the medication label to the resident.

3.) An observation on at 1:32 PM showed the first floor Med. Tech rolled the medication cart down the hallway. She unlocked the medication cart and pulled Resident #8's bubble pack from the cart. The Med. Tech pre-poured the from the bubble pack in to a medication cup. The Med Tech locked her cart and entered the resident's handed the cup to Resident #8 with a cup of water and said, "Here is your medicine." Resident #8 took the medication. The Med. tech exited the charted in the (MOR). The Med. Tech. failed to read the medication label and name of the medication to the resident.

During an interview with the District Director of Clinical Services on at 4:42 PM, she confirmed and stated that the Med. Tech should have brought the bubble packs to the residents and read the label to the residents.

Review of the Medication and Treatment Assistance Policy and Procedure provided by the District Director of Clinical Services on at 4:02 PM has an effective date of / and last revised on . The policy on page 1 of 2 reads: "Medication Assistance and or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's health care provider." Policy detail item # 3 reads: medication assistance and administration must be in accordance with the prescriber's orders.

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Item # 5 reads: The individual assisting and or administering the medication must check the label three times to verify the right medication, right dosage, right time and right method of administration before giving the medication. Item # 7 reads: Medications may not be prepared in advance.

A second policy and procedure on Medication and Treatment- General Guidelines for Medication Administration/ Assistance - CS-40-7 provided by the District Director of Clinical Services on at 4:02 PM has an effective date of /__, last revised on . Policy detail item # 6 reads: Pre-pouring of any medication is not an acceptable or safe practice standard.

Class III

**0081 Training - Staff In-Service**

Based on interview and record review, the facility failed to provide staff in-service training for 1 of 4 staff members reviewed (Staff B).

Findings:

A review of the personnel records revealed no evidence of the required In-service training, specifically training in the following: Activities of Daily Living/Behavioral Needs, Elopement Response, Emergency Preparedness/Evacuation, Resident Rights, Recognizing , Neglect and and Safe Food Handling for Staff B.

An interview was conducted with the Business Office Manager on / at 11:30 AM. She confirmed there was no documentation indicating in-service training for Staff B.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on interview and record review, the facility failed to ensure staff received the required 2 hour Medication Update Training for 1 of 3 staff members reviewed (Staff B).

Findings:

A review of the personnel records revealed no evidence of the required 2 hour Medication Update

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training for 2015 for Staff B.

An interview was conducted with the Business Office Manager on / at 12:00 PM. She confirmed there was no documentation indicating Medication Update Training for 2015.

Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment, maintained free of potential hazard, on 3 of 3 floors (1st, 2nd & 3rd Floors).

Findings:

During a tour of the facility on , 2016 at 10:50 AM numerous stains on the carpet were observed in the North Wing of the first floor; stained areas of carpet were also observed in the foyer area of the second floor as well as in some areas in the North Wing of the third floor. Both drinking fountains located on the second floor (North Wing) and the third floor (South Wing) appeared to need a thorough cleaning as corrosion was present around the faucet and the drain basin appeared sullied and unsanitary. The threshold leading to the entrance of the dining the first floor near the North Wing hallway entrance was observed to be split and could potentially cause a hazard (photographs taken).

An interview and tour was conducted at 4:13 PM on , 2016 with the Executive Director and Maintenance Director, at which time the areas of concern were observed and noted. Both the Executive Director and Maintenance Director confirmed these were areas of concern that needed to be addressed.

A review of the facility's computer generated work-order sheet dated , 2016 was completed on , 2016 at 4:30 PM, which showed work orders for carpet stains as a low priority status and did not address cleaning of the water fountains or repair of the threshold. The Maintenance Director reviewed the work orders with the surveyor and confirmed that the carpets are overdue for cleaning, the threshold needs repair, and the drinking fountains need to be cleaned.

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**0162 Records - Resident**

Based on interview and record review, the facility failed to maintain the records for 1 of 2 residents (Resident #11) by not including physician's orders for services in the medical record.

Findings:

Review of the medical records for Resident #11 showed no documentation of an order for care treatment and no documentation for an order for home health care services. Further review of the record showed that Resident #11 has a to the left measuring 0.3 x 0.3 x 0.1 cm and a on the right .

During an interview with the District Director of Clinical Services (DDCS) on at 12:19 PM, she stated that care for Resident #11 is being managed by Brookdale Home Health. When asked what happens when the dressing gets soiled or comes off, the DDCS stated that the staff will call the home health nurse and they usually come to do the dressing change.

During an interview with the DDCS on at 3:09 PM, she confirmed that there was no care order in Resident #11's medical records. The DDCS made numerous calls to Brookdale Home Health Agency (HHA). At 3:12 PM, Brookdale Home Health Agency faxed the following information to the facility: DDCS called the Home Health agency to fax the information to the facility. There Skilled nurses notes dated / / , , , and ntoing that Resident #11 received care. Latest measurement on revealed 0.3 x 0.3 x 0.1 cm. on right . Notes reads: No on left care was provided as ordered. The note was signed by a Licensed Practical Nurse (LPN).

Review of the personal service assessment dated under skin care revealed a check mark indicating that the resident does not have a . There is no current service plan noted in medical records. The DDCS confirmed that the service plan was not updated.

During an interview with the Health Care Service Manager for Brookdale Home Health Agency on at 4:06 PM, she stated, when asked why the care physicians' order is not in the active

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medical records, "I don't know why they cannot take that order from the physician." She stated that the home health nurse is supposed to update the service plan. She stated that she will check for the order for home health as well as the revised service plan.

Class III

**Z814 Background Screening Clearinghouse**

Based on interview and record review, the facility failed to update the employee roster in the Care Provider Background Screening Clearinghouse.

Findings:

A record review of the Care Provider Background Screening Clearinghouse revealed an employee roster for Brookdale Lake Tavares. One employee was shown on the list.

A record review of the current employee list provided by the facility on revealed 40 employees.

An interview was conducted with the Executive Director on / at 12:50 PM. He confirmed there is not an updated employee roster listed in the Care Provider Background Screening Clearinghouse.

Unclassified