STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963949	04/04/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BRADENTON GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **5612 26TH STREET WEST** **BRADENTON, FL 34207**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016001174) was conducted at Brookdale Bradenton Gardens on . Brookdale Bradenton Gardens, Assisted Living Facility, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents sampled (#1) was incomplete.

Findings included:

A review of resident records during the investigation revealed that the / health assessment for Resident #1 indicated "Refer to H & P and D/C summary" with respect to the physical and mental status of the resident (including the identification of health-related problems and functional limitations). However, it was unclear what document(s) this was referring to exactly, given that Resident #1's file was extremely vast. Interview with the administrator at 2:30pm on / did not provide clarification for this discrepancy.

Class III

0054 Medication - Records

Based on record review and interview, the facility did not maintain a medication observation record (MOR) that had been updated with respect to one of two residents sampled (#1).

Findings included:

A review of Resident #1's closed file during the investigation indicated that the resident had been admitted to the facility / with 10mg, 1 tablet every day. However, a review of the /

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MOR found that no staff initials could be found for the between / / and / / . Although the director of nursing stated that the resident "had refused the medication starting / / , triggering a change in the medication order from routine to "PRN for sleep" as of , no formal explanation for the missed doses for the beginning part of the month could be provided.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Bradenton Gardens
5612 26th Street West
Bradenton, FL 34207

RE: CCR #2016001174

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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
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PRC/clt
Enclosure: State (5000-3547) Form
XG90