RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Spring Hill
10440 Palmgren Lane
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 5 - 6, 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

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
	AL11964750	04/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

0000 Initial Comments

On , 5-6, 2016 an Abbreviated Biennial Licensure and Limited Nursing Services (LNS) Survey was conducted at Brookdale Spring Hill. Deficient practice was identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, the facility failed to ensure that resident concerns were considered and addressed, in 3 out of 10 residents interviewed (residents 1, 3 & 13). Each of these 3 residents had expressed objection in regard to being awakened at 4:30 AM for showering and dressing, and then waiting in the hallway until breakfast was served at 7:00 AM.

Findings:

An interview was conducted with resident #1 ( ) on at 12:38 PM. Resident #1 stated, "I would like to see the schedule adjusted for showering in the morning from 4:30 AM to 6:00 AM and the breakfast moved to start at 8:00 AM rather than 7:00 AM." She stated, "Never thought I would be retired and getting up at 4:30 in the morning." When asked had she received a response to her concern, Resident #1 stated, "It was discussed at a Resident's Meeting and so far no changes have been made." Resident #1 further stated "This complaint has been widely voiced to the staff so we remain hopeful."

On at approximately 10:08 AM a follow-up interview was conducted with Resident #1 concerning the 4:30 AM wake up time she does not like. Resident #1 stated she has told the Wellness Nurse she does not like getting up in the morning at 4:30 AM and it has not stopped since she told her. The facility still gets her up at 4:30 AM every morning. She stated she is not offered any snacks or coffee until breakfast is served at 7:00 AM.

An interview was conducted with Resident #3 ( ) on at 2:48 PM. During the interview, Resident #3 was asked to tell of any other services or things the facility could do that would help her; and have you asked staff about those services and what happened when you asked? Resident #3 stated, "They use manipulation tactics. I have told them I don't want to get up in the morning at 4:30 AM and they come back with a response, 'Oh, you know you are one of our go-getters, we like to see you up early.' It's become a habit so now I am up early whether I like it or not."

An interview was conducted with Resident #3's Paid Companion on at 2:59 PM. who stated, "If she (Resident #3) is in bed and asleep early then they can get her up at 4:30 AM. The wake up schedule is made more convenient to them. I've also noticed she gets tired during the day."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	04/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

An interview was conducted with Resident #3's Power of Attorney (POA), concerning the early wake up schedule, on at 4:39 PM. Resident #3's POA stated she had a talk with the Health & Wellness Director in 2016 about the fact that resident #3 doesn't like getting up so early in the morning. Resident #3's POA stated she complains that she is going to sleep too early and waking up earlier than she wants to. The POA stated she was not aware that the facility had not changed resident #3 schedule as requested.

On at approximately 10:22 AM, an interview was conducted with Resident #13, in reference to being made to get up at 4:30 AM to take a shower. She stated, "Yes staff get me up at 4:20 AM." She said at first she did not like it and she made it known at the resident meeting, but now she is used to getting up that early. When asked if she would like to get up at her own leisure, she stated, "Yes, I would prefer not to get up so early but I understand because they have 40 other women to get up in the morning." She stated, "We wait until 7:30 AM for breakfast and we are not offered anything to eat or drink until breakfast." She stated, "I would only get up that early if I had something special to do."

An interview was conducted on at 2:39 PM with the Health & Wellness Director. The Health & Wellness Director stated, "The people on the early wake-up schedule are always up anyway." She referred to Resident #1 as "a night owl that never sleeps so she is always awake. She only sleeps 4 hours a day." She described Resident #3 as "always being up anyway." She provided the facility's shower list schedule. She stated the shower list schedule was set up according to staff shift times. She stated the resident appear in the first on the top of the shower list. She stated that these were identified as the residents showered/dressed between 4:00 AM and 5:00 AM under the Shift Times of 10:00 PM - 6:00 PM (see photograph). Each of these 3 resident appear in the first listed under the Third Shift (10-6): (Resident # 1 ( ), Resident #3 ( ) and Resident #10 ( ) all appeared in this .

Class III

0055 Medication - Storage and Disposal

Based on on observation and interview, the facility failed to insure 1 of 4 residents (Resident #6), who self administers their medications, secured their medications in their .

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	04/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

On at 11:17, an interview was conducted with resident #6, while in his # . During the interview, it was observed that the resident had 3 medication cards of almost full 500 mg, one bottle of 3/4 full, and a bottle of sitting out in the open, unsecured in his . The resident stated the was delivered to his days ago. He stated he is supposed to secure his medication in a drawer in the kitchen cabinet.

On at 12:00 PM, Resident #6 was observed sitting in the dining lunch. An inspection of his # , revealed that his door was wide open and the medication described above was still lying unsecured in his (photos of un secured meds were taken).

On at approximately 12:08 PM, the Health & Wellness Director was notified of the unsecured medication in # . She came to the stated that Resident #6 usually locks his he leaves it. We tell him to secure his medication or the door, especially when he is napping.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 3 of 3 care staff (Staff A, B and C) received all their mandatory in-service training within 30 days of hire.

Findings:

On a record review was conducted on Staff A, who was hired on /15. It was observed that there was no elopement training documentation in her record.

On a record review was conducted on Staff B, who was hired on / . It was observed that there was no elopement training documentation in her record.

On a record review was conducted on Staff C, who was hired on / . It was observed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	04/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

that there was no elopement training documentation in her record.

On at approximately 12:39 PM, the Administrator stated he cannot find the elopement training documentation for Staff A, B, or C.

Class III

0082 Training -

Based on record review and interview, the facility failed to ensure 1 of 3 care staff (Staff B) received their ( ) training as required.

Findings:

On a record review was conducted on Staff B, who was hired on / . It was observed there was no training in her record.

On at approximately 12:39 PM, the Administrator stated he cannot find the training documentation for Staff B.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 1 of 3 staff (Staff C) received required assistance with self-administration of medication training.

Findings:

An interview was conducted on at 10:50 AM with Staff C. She stated she assists with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	04/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

self-administration of medications. She stated she received the initial training for assistance with self-administration of medication in / and the updated training in / .

On a record review was conducted on Staff C, who was hired on / . The record review showed no documentation of assistance with self-administration of medication training.

An interview was conducted on at 12:37 PM with the Administrator. She stated that Staff C received the required assistance with self-administration of medication at the last facility that she worked at, but they do not have any documentation to show that Staff C received the training.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure that 1 of 3 staff (Staff B) had completed ( ) Training as required.

Findings:

On a record review was conducted on care staff, Staff B, who was hired on / . It was observed that she did not have training documentation in her record.

On at approximately 12:39 PM, the Administrator stated he could not locate the training documentation for Staff B.

Class III