AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD SENIOR LIVING COMMUNITY	6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707

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

0000 Initial Comments

Assisted Living Facility

A Biennial re-licensure survey with Extended Congregate Care (ECC) was conducted from to . The Brentwood Senior Living assisted living facility had deficiencies at the time of the visit.

This survey was conducted in conjuction with a Revisit survey to a 3/8/16 complaint survey.

0078 Staffing Standards - Staff

Based on interviews and record reviews, the facility failed to ensure that 2 of 5 staff who have been employed longer than 30 days were free of signs and symptoms of communicable , including . (Staff B,Staff C and Staff D).

Findings included;

Staff B was hired on . There was no evidence in her personnel file of a negative examination.

Staff C was hired on . There was no evidence in her personnel file that she had been examined by a health care provider stating that she is free from signs and symptoms of of communicable .

Staff D was hired on . There was no evidence in her personnel file that she had been examined by a health care provider stating that she is free from signs and symptoms of of communicable .

An interview was conducted with the Human Resources Director on at 1:00 pm. She stated that she was not aware that these employees had not submitted evidence to Human Resources that they were free from communicable and . She confirmed that there was no evidence of such in the personnel files for Staff B, C and D.

CLASS III

0081 Training - Staff In-Service

Based on interviews and record reviews, the facility failed to ensure that 1 of 4 direct care staff whose personnel files were reviewed, had received the required in-service training within 30 days of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	04/20/2016
NAME OF PROVIDER OR SUPPLIER **BRENTWOOD SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6280 CENTRAL AVE, STE 312** **SAINT PETERSBURG, FL 33707**	

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

employment.

Findings included;

Staff C was hired on / / . There was no evidence in her file that she had received training in:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

An interview was conducted with the Human Resources Director on at 1:00 pm. She stated that she must have missed ensuring that this employee had received all of her required training. She confirmed that there was no evidence in the personnel file that the above training had been received by Staff C.

CLASS III

0086 Training - ADRD

Based on interviews and record reviews, the facility failed to ensure that 2 of 2 direct care staff who have been employed longer than 9 months and who work in the Memory Care Unit, had received and Related (ADRD) Level II training. (Staff F and Staff G).

Findings included;

Staff F was hired on . She had received her Level I ' straining but not her Level II training.

Staff G was hired on . She had received her Level I ' straining but not her Level II training.

An interview was conducted with the Human Resources Director on / at 1:00 pm. She confirmed that there was no evidence in the personnel files for Staff F and Staff G that they had received their Level II training. She also confirmed that the facility advertises that they provide special care for persons with ADRD and that they had a secure unit for these residents.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	04/20/2016
NAME OF PROVIDER OR SUPPLIER **BRENTWOOD SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6280 CENTRAL AVE, STE 312** **SAINT PETERSBURG, FL 33707**	

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

0093 Food Service - Dietary Standards

Based on observations, interviews and record reviews, the facility failed to ensure that therapeutic diets were served as ordered by the physician and that they had a 3 day emergency food supply of nonperishable food on hand at all times.
Findings included:
A review of the resident record for Resident #20 was completed on . The Health Assessment Form 1823 was dated . The Special Diet Instructions portion of the form showed that the resident should receive a diet. His diagnosis includes Kidney Failure and he is on .
A review of the Specialty Diet Lists provided by the Food Service Director did not include a diet.
During an interview with the Food Service Director at 1:30 PM on , he stated that the resident takes care of his own diet and he could not provide evidence that the facility serves a diet to this resident.
An interview was conducted with Resident #20 at 1:30 PM on . He stated that is supposed to be on a special diet but that he eats what is served, which is the same as everyone else. He said that no one has talked to him about his diet but that he knows what to avoid. He stated that the problem with this is that if he is served foods that he should avoid, he will eat them. He said that he just started in 2015 and that he has not been properly educated regarding this new condition of his.
A review of the 3 day emergency food supply was conducted on at 2:00 PM with the Food Service Manager.
The closet located in building A/B, which was identified as the area that holds the 3 day emergency food supply, had equipment but did not have any items pertaining to emergency food supply. The storage area in C building had water jugs, bottled water, water containers, and a rack that held 12 # 10 cans of emergency food supply. Eight of the cans contained Mac and Cheese, and the remainder of the cans contained vegetables. The Food Service Director stated they were planning to restock the food but were using what they had first.
Class III

0162 Records - Resident

Based on interview and record reviews, the facility failed to ensure 1 of 5 resident records contained a completed Health Assessment Form 1823. (Resident #20).

Resident #20 was admitted to the facility on . His diagnosis includes Kidney Failure and he receives . His Form 1823 was dated and did not contain the following information:

Resident height and weight

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	04/20/2016
NAME OF PROVIDER OR SUPPLIER **BRENTWOOD SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6280 CENTRAL AVE, STE 312** **SAINT PETERSBURG, FL 33707**	

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

Physical or sensory limitations
Nursing/treatment/ service requirements
Whether or not he has a communicable , is bedridden, has pressure sores, poses a danger to self or others or requires 24 hour nursing or care.
Whether or not he needs assistance with his medications

During an interview with Resident #20 in his , it was noted that he had several bottles and packs of medications on his counters and floor. He stated that he manages his own medications and is well aware of what he takes. An interview with the Director of Wellness confirmed that he can self administer his medications but was not aware that the health assessment and/or medical record did not contain this order from the physician.

The 1823 indicates that the resident needs assistance with ambulation, bathing and transferring and supervision with dressing, and toileting. Based on observation of the Resident and an interview with him and the Director of Wellness, he is independent with his care.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brentwood Senior Living Community
6280 Central Ave, Ste 312
Saint Petersburg, FL 33707

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care ( ) 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,

Patricia Reid Caufman
FOV Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

XG90

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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