RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Paddock Hills
1601 S.E. 24th Road
Ocala, FL 32671

RE: CCR #2016002219 & 2016003666

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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

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
	AL11911441	04/28/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PADDOCK HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 S.E. 24TH ROAD** **OCALA, FL 32671**	

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

0000 Initial Comments

An unannounced visit for complaint investigations (CCR#2016002219 & 2016003666) was conducted on at Brookdale Paddock Hills Assisted Living Facility in Ocala, Florida. Deficiencies were identified.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to address a issue for 1 of 4 residents (Resident #4) in the Memory Care Unit and health information privacy for 1 of 4 residents (Resident #3) .

Findings:

1.) During the Initial Tour on at 9:30 AM, with the Program Manager, a strong odor was detected in . During an interview with Resident #4 at approximately 10:05 AM she stated the staff had cleaned her . She confirmed she urinates on the floor. No further information was provided.

Record review for Resident #4 revealed the matter of on the floor was not addressed in the Care Plan. No further information was provided where the information was addressed.

During an interview with the Wellness Director, Maintenance Director and the Director on at 1:30 PM they confirmed Resident #4 urinates all over the . He stated they clean the in minutes she will urinate on the floor again. They had no further information.

2.) Observation of the main gathering the Memory Unit on at approximately 8:50 AM with the Program Manager, revealed the Medication Technician left the Medication Cart with the Medication Observation Record (MOR) open for Resident #3. The cart was located in the open , with approximately 20 residents within just a few feet. This is the entry the Memory Care Unit where visitors enter as well. The Technician was on the other side of the with medications.

Review of the facility policy on medical information revealed there was no directive specifically stating the Medication Technician should not leave the unattended cart with the MOR available for anyone to read as they walked by the cart.

During an interview with the Wellness Director and the Director on at approximately 1:30 PM,

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they confirmed the MOR was open revealing Resident #3's medical information.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain keys which opened resident doors on 1 of 20 in the Memory Care Unit ( ) and blocked door ( ).

Findings:

During the Initial Tour on at approximately 9:30 AM, with the Program Manager, the door to was locked. The resident was inside and spoke through the door but could not open it. The Manager, Medication Technician and direct care staff on the unit did not have a key that fit the lock. The Maintenance Director was called and unlocked the door.

During an interview with the Manager on at 9:30 AM, she stated she did not know her keys did not fit all of the locks.

During an interview with the Director and the Maintenance Director on at 1:30 PM, they confirmed the door was locked and the Manager/Staff did not have a key to open the door.

2.) During the Initial Tour on at approximately 9:30 AM, with the Program Manager, the door to was closed with the resident inside the . The resident stated to come in but the door would barely open since the resident had pushed a very large rocking chair against it. With 2 people pushing on the door, it was difficult to open. The resident had no response for the reason the chair was behind the door. It should be noted, the door had a functioning lock, which the resident could use.

During interviews with the Manager, direct care staff, Wellness Director and the Director on beginning at 9:30 AM, they confirmed the rocking chair was against the door, making it difficult to open. They confirmed this has happened before and has not been addressed in her Nursing notes or the Care Plan.

Class III