STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964069	05/03/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MANDARIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10790 OLD ST RD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

A complaint investigation (CCR#2016002853) was conducted at Brookdale Mandarin Assisted LIving on . Brookdale Mandarin Assisted Living had deficiencies at the time of the investigation.

0054 Medication - Records

Based on interview and document review, the facility failed to ensure that the medication observation record was immediately updated each time the medication is offered or administered for 1 of 3 residents reviewed.

The findings include:

During an interview with the Health and Wellness Director on at 3:00 PM, she stated, she administered 10 units of to Resident #1 on at approximately 9:30 PM. This was confirmed by a nursing progress note by Employee B.

The ALF policy for Medication Administration reads "documentation of medications administered/assisted should occur promptly after the resident has taken the medication. Associates should sign the MAR (Medication Administration Record) or TAR (Treatment Administration Record) with their full signature/title."

A review of the resident's record does not reveal any charting by the Health and Wellness Director on the Medication Observation Record or in the nursing progress notes related to the administration of on / .

During an interview with the Health and Wellness Director on at 3:05 PM, she agreed that she did not document any place in the residents record the administration of that she provided in the evening of / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Mandarin
10790 Old St. Road
Jacksonville, FL 32257

RE: CCR #2016002853

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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