STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	07/05/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

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

0000 Initial Comments

Complaint Investigation #2016003633 was conducted on . Brookdale Conway Assisted Living with Limited Nursing Services (LNS), License #9286, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record review and interview, the facility failed to complete AHCA Form (1823) Health Assessment, and failed to ensure the 1823 had documentation for the type of assistance needed for self-administration of medications for 1 of 6 sampled residents (#6).

Findings:

Resident #6's AHCA Form 1823 Health Assessment, dated / , did not indicate the type of assistance needed for self-administration of medications for the resident.

On at 5 PM, the Health and Wellness Director confirmed that no documentation was marked for the type of assistance needed for self-administration of medications on resident #6's 1823.

On at 6 PM, the Executive Director and Health and Wellness Director both stated they were not aware that the type of assistance for self-administration of medications for resident #6 was not marked on the 1823.

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to maintain a new AHCA Form (1823) Health Assessment for 1 of 6 sampled resident after a significant change for appropriate continued residency (#5).

Findings:

Resident #5's record review revealed documentation of a significant change to Hospice Care admission . The last 1823 completed by a healthcare provider on file was dated , last year.

On / at 5 PM, the Health and Wellness Director confirmed she was not aware that a new 1823 was required.

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

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to notify the healthcare provider and legal representative for 2 of 6 sampled residents concerning weight change and who required assistance with Activities of Daily Living (ADLs) (#2 & 3).

Findings:

1. Resident #2's record review revealed documented weight change of concern, but no documentation that the healthcare provider (physician) and legal representative were notified of the weight change. The resident's date of admission was .

The resident's recorded weight was:
2016 - 345 pounds (lb.)
2016 - 353 lb., a gain of 8 lb. in one month.
2016 - 360 lb., a gain of 7 lb. in one month.
2016 - 359 lb.

From to 2016, the resident gained 14 lb. but the physican and legal representative were not notified of this unplanned gain.

2. Resident #3's record review revealed documented weight change of concern, but no documentation that the healthcare provider (physician) and legal representative was notified of the weight change. The resident's date of admission was .

The resident's recorded weight was:
2016 - 105 lb.
2016 - 120 lb., a gain of 15 lb. in two months.
2016 - 114 lb., a loss of 6 lb. in two months.
2016 - 119 lb., a gain of 5 lb. in one month.
2016 - 119 lb.

From 2016 to 2016, the resident gained 14 lb. but the physican and legal representative were not notified of this unplanned gain.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	**07/05/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 5 PM, the Health and Wellness Director confirmed that she could not find any documentation that the physician and legal representative were notified about the weight change for residents #2 and #3.

On at 6 PM, the Executive Director and Health and Wellness Director agreed that documentation must be in resident files when a significant change occurred.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Conway
5501 East Michigan Street
Orlando, FL 32822

RE: CCR #2016003633

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 Lorraine Henry at -2502.

Sincerely

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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