STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	07/05/2016
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)

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation for CCR 2016005003, 2016005664, and 2016006634 was conducted at Brentwood Senior Living Community on . Brentwood Senior Living Community had deficiencies at the time of the investigation.

License number 11812.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to obtain a complete resident health assessment (AHCA Form 1823) for 3 (Resident #1, Resident #2, and Resident #4) of 5 1823 Forms reviewed.

Findings included:

A review of Resident #1 ' s current AHCA Form 1823 showed that a different facility was named. A review of Section 2B on the form showed that no medications were listed. Records indicated Resident #1 was admitted to the facility on .

A review of Resident #2 ' s current AHCA Form 1823 showed that the resident ' s height and weight were not documented. Also missing on the form were the address and phone number of the examiner. Additionally, on Page 4-Section 2 B, it did not indicate whether the resident needed help with taking her medications. Records indicated that Resident #2 was admitted to the facility on / / .

A review of Resident #4 ' s current 1823 Form showed missing documentation of the resident ' s height and weight. Additionally, Page 4-Section 2B did not indicate whether the resident needed help with taking her medications. Records indicated that Resident #4 was admitted to the facility on .

The director of nursing was interviewed at 4:45 PM concerning the missing information on the resident ' s 1823 Forms. She acknowledged the issues and stated that she will be reviewing the AHCA 1823 Forms from now on.

Class III

0010 Admissions - Continued Residency

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

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Based on record review and interview, the facility failed to ensure the resident received a face-to-face medical examination by a health care provider after a significant change for one (Resident #6) of 12 residents. Additionally, the facility failed to ensure the continued appropriateness of residence of an individual in the facility for 1 (Resident #7) of 12 residents.

Findings included:

1. A review of Resident #6 ' s facility medical chart on at 1:00 PM revealed a medical examination by a health care provider (Agency for Healthcare Administration Form 1823) dated . The medical examination revealed that Resident #6 did not have any , 3, or 4 pressure sores at that time. There were no other Agency for Healthcare Administration Form 1823 forms observed in Resident #6 ' s chart.

On at 1:00 PM Resident #6 ' s home health care chart was reviewed. An entry on the Patient Information Communication sheet, dated , revealed that Resident #6 had a on the .

On / at 1:00 PM Resident #6 ' s facility medical chart was reviewed. An entry on the Resident Status Notes, dated / , revealed that the home health nurse had notified the facility nurse that Resident #6 had a , to the right .

In an interview on at 2:00 PM, the Director of Health and Wellness confirmed that the Agency for Healthcare Administration Form 1823 dated / did not reflect Resident #6 ' s . The Director of Health and Wellness was unable to find an updated Agency for Healthcare Administration Form 1823 for Resident #6.

2. A review of Resident #7 ' s medical chart on at 2:45 PM revealed an Agency for Healthcare Administration Form 1823 dated . Resident #7 ' s initial admission date was / , this form was completed again on due to Resident #7 returning to the facility after an admission to a hospital. This form revealed that Resident #7 had medical diagnoses including: , hematuria, , , , right lung , and kidney stones. The form also revealed that Resident #7 was hard of hearing and a risk. On this form next to the question, " Any ,3, or 4 pressure sores? " there was the documentation, " R Hip, L Hip, mepilex, mepitel. " There was no documentation to clarify whether Resident #7 had a , 3, or 4 pressure . On this form next to the question, " In your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing or facility? " the, " No, " check box was checked. In the comments section below the previous question was the documentation, " Patient needs high level of care. " There was no Agency for Healthcare

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Administration Form 1823 updated after observed in Resident #7 ' s chart.

In an interview on / at 4:40 PM, the Director of Health and Wellness confirmed that the Agency for Healthcare Administration Form 1823 dated indicated that Resident #7 was not an appropriate resident for an assisted living facility. The Director of Health and Wellness stated that she is unsure how the facility reviewed these forms in the past prior to her working there, but she currently reviews these forms. The Director of Health and Wellness stated, " It doesn ' t look like this was corrected after he arrived. " The Director of Health and Wellness was unable to find an updated Agency for Healthcare Administration Form 1823 for Resident #7.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were stored in a locked cabinet, locked cart, or other locked storage receptacle, , or other area at all times for two of two nursing stations observed.
Findings included:
During an observation of the nursing station in Building C on at 10:40 AM, the surveyor observed three packs of medications next to two purses under a desk in the nursing station. The observed medications were: one pack of 250 mg and two packs of 100 mg. The surveyor also observed two packs of medications in the bottom drawer of the desk in the nursing station. The bottom drawer of this desk did not have a lock. The medications observed in the drawer were: one pack of 500 mg and one pack of 600 mg. The nursing station had one door that locked, but did not have full walls securing it from the common areas.
During an observation of the nursing station in Building A on at 11:50 AM, the surveyor observed medications in the non-locking drawers of a desk in the nursing station. On the left hand side of the desk in the top drawer, which did not have a lock, the surveyor observed the following medications: one bottle of Preservision, one bottle of HCl 150, multiple vials of , and one pack of XR 28 mg. On the right hand side of the desk in the top drawer, which did not have a lock, the surveyor observed the following medications: two bottles of , one pack of , two bottles of , one bottle of , two bottles of , one tube of gel USP 0.75%, and one pack of . On the right hand side of the desk in the bottom drawer, which did not have a lock, the surveyor observed the following medication: one pack of Severe and (/ HBr/ / HCl).
On / at 10:40 AM, Staff F, the licensed practical nurse (LPN) for Building C, was interviewed regarding the medications observed under and in the desk in the Building C nursing station. Staff F

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confirmed that medications were observed in the previously indicated locations and stated that she was unsure why medications would be stored in those locations. Staff F stated that medications were supposed to be stored in the medication carts.
On at 11:50 AM, Staff D, the LPN in the Building A nursing station, was interviewed regarding the medications found in the desk. Staff D confirmed that medications were observed in the previously indicated locations in the desk in the nursing station in Building A. Staff D stated that she was not aware medications were being stored in the desk and did not know why they were stored there. Staff D stated that medications were supposed to be stored on the medication carts only. Staff D stated that the nursing station was open all day and that residents go in and out of the nursing station for medication passes. Staff D stated that she leaves the nursing station door open and unlocked when she leaves to answer resident call lights.
Class III

0092 Food Service - General Responsibilities

Based on observation, interview, and record review, the facility failed to ensure that therapeutic diets were provided as ordered by a resident ' s health care provider for 1 (Resident #2) of 2 residents observed.

Findings included:

A review of Resident #2's record showed a signed physician's order dated stating change diet to mechanical soft.

During the lunch time meal at 11:45 AM on , Staff E was asked if any of the residents were on special diets. Staff E indicated that Resident #2 was on a mechanical soft diet. A plate was then placed in front of Resident #2 that consisted of cut up chicken, whole string beans with pieces of broccoli, and a portion of elbow macaroni (whole).

Staff E was asked if that was the appropriate meal for Resident #2. At 11:51 PM, the memory care coordinator joined the discussion and acknowledged that the food just provided to Resident #2 was not mechanical soft. He stated that he would speak with the food service director.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005003, 2016005664 & 2016006634

Dear Administrator:

This letter reports the findings of a state licensure surveys 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,

for Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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Enclosure: State (5000-3547) Form
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