STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	08/03/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 Initial Comments

Complaint Investigation (CCR2016005443) was conducted at Brookdale Tuskawilla Assisted Living Facility License Number 8985 on in conjunction with a biennial re-licensure survey including Limited Nursing Services. Brookdale Tuskawilla Assisted Living Facility had deficiencies at the time of the investigation.

0010 Admissions - Continued Residency

Based on interview and record review the facility failed to ensure 1 of 4 residents (#2) who was under the care of hospice had an updated health assessment

Findings:
Resident #2 was admitted to the facility on . Review of her 1823, dated revealed diagnoses of without behavioral disturbance, generalized muscle and left hip . She was admitted to hospice services on / .
Record review indicated no evidence to confirm an updated 1823 health assessment was obtained when the resident was admitted to hospice.
During an interview with the Director of Nursing on at 5 PM she stated a new 1823 assessment was not completed since the resident was admitted to hospice.
Class III

0053 Medication - Administration

Based on observations, Medication Observation Record (MOR) review, record review and interviews, medication administration was not provided by a licensed nurse for 1 of 4 sampled residents (#3).

Findings:

Record review for Resident #3 Revealed a Resident Health Assessment form 1823 that was dated . The health care provider noted the resident required Medication Administration. The MOR was reviewed with the Director of Nursing and she said on at 3 PM, the unlicensed staff (non-Nurses) were providing Assistance with the Self Administration of Medication. She was not aware that after he returned from the hospital visit in the health care provider noted he required a Nurse to Administer his medications.

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Class III

0054 Medication - Records

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain accurate MOR's for 3 of 4 sampled residents (#1, #2 and #3).

Findings:

Review of the and MORs for Resident #3 revealed on Numerous days it noted "Not complete: Within Normal Range" and Not Documented. There was no way to determine whether or not the resident received the medications. Some examples are as follows:
5% adhesive Patch apply 1 patch by route to affected area once daily at bedtime apply 1 patch to each thigh (Left and right) and remove each patch in the morning.
on , , , , / , noted Not complete: Within Normal Range" and Not Documented."
1 Milligram (mg) 1 two times daily noted "not documented" on and at 8 AM and at 4 PM.
6.25 mg 1 2 times daily noted "not documented" on / at 5 PM on the MOR for the medication noted at 5 PM "Not complete: Within Normal Range."
HCl 0.1 mg 2 tablets 2 times daily noted "not documented" on at 5 PM
5 mg 1 tablet once daily at bedtime on and noted "not documented"
100 mg 2 capsules once daily noted at 8:54 PM " Not complete: Within Normal Range."
300 mg 1 3 times daily on at 5 PM noted "Not Documented"
10 mg 1 at bedtime noted at 11 PM "Not Documented" on 7/7, 7/8, , .

On at 5 PM, The Director of Nursing said the MOR's were Electronic and staff possibly clicked on the wrong box.
Record review for resident #1 revealed a health assessment report 1823 dated that listed diagnoses of high , and . Assistance was needed with self-administration of medications. The 2016 Medication Observation Record (MOR) listed 20 milligrams (mg) daily and indicated from to / / "not documented". The 2016 listed 20 mg daily and indicated on 6/1 and 6/2 "not documented". The 2016 MOR listed 1 tablet daily at bedtime and indicated on 7/5 "not documented".
During an interview at 3:30 PM on with the Health Wellness Director who said "not documented" meant the medication was not given and it should have a written explanation as to why the omission. Most likely the staff used the down menu and selected the wrong selection.
Resident #2 was admitted to the facility on . Review of her 1823 revealed diagnoses of

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without behavioral disturbance, generalized muscle and left hip . She requires assistance with self-administration of medications.
Review of her medication observations record (MOR) for 2016 and 2016 listed 100,000 unit/gram powder to be applied to the affected area 2 times per day for 4 weeks on peri area and bottom to be started on . The scheduled times to be applied were every day at 8 AM and 8 PM.
On at 8:25 PM the MOR indicated "not completed." On at 7:36 PM, at 9:09 PM and at 7:09 PM, documentation on the MOR said "Not completed." On at 7:24 PM the documentation said "not completed. On order." On / at 8:00 PM, the documentation said "not completed. Pharmacy aware."
During an interview with the Director of Nursing on at 6:30 PM, she said "Everything that says not completed should have a comment as to why it was not given. I do not have an answer."

Class III

0056 Medication - Labeling and Orders

Based on the Medication Observation Record (MOR) review, record review and interviews, the facility did not make every reasonable effort to ensure prescriptions were filled or refilled in a timely manner for 2 of 4 sampled residents who received assistance with self-administration of medications (#! and #3).

Findings:

Record review for Resident #3 Revealed Physician's Order's dated that noted: 5% adhesive Patch apply 1 patch by route to affected area once daily at bedtime apply 1 patch to each thigh (Left and right) and remove each patch in the morning.

Review of the MOR for for Resident #3 revealed it noted on , and waiting on refills. There was no documentation to confirm that the facility had made every reasonable effort to obtain the refills timely.

On at 5 PM, the Director of Nursing reviewed the MOR and confirmed the findings.

Record review for resident #1 revealed a health assessment report 1823 dated that listed diagnoses of high , and . Assistance was needed with self-administration of medications. The 2016 Medication Observation Record (MOR)

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listed 20 miliequivalents daily and indicated that from / to the medication was "not completed: within normal range -waiting for refill". Continued review revealed no evidence to confirm the efforts the facility took the make sure the resident did not go without her medication, or that the healthcare provider was made aware
During an interview at 3:30 PM on with the Health Wellness Director who said that "not completed: within normal range -waiting for refill" meant the medication was not available.
Class III

0079 Staffing Standards - Levels

Based on review of staff schedules, time sheets and interview, the facility failed to meet the needs of the residents and maintain accurate schedules for hours worked for 3 sampled weeks (5/1-8, 5/9-14 & -30, 2016).

Findings:
Review of the staff schedules and time sheets provided by the facility on revealed the staff schedules were not accurate and periods of time occurred when there was only one staff member working to care for the needs of 55-58 residents, including 18 residents in a secured memory care unit. Some examples were as follows:
On Wednesday, , the schedule reflected that Staff B, G, H and J were scheduled from 2pm-10 pm. Review of the time sheets for showed that Staff B worked from 5:00 p-10:06p. Staff G's time sheets reflected that she worked from 2:09 pm-6:09 pm. Staff H's time sheet reflected that she worked from 5:00 pm-10:08 pm. Staff J's time sheet reflected that she worked from 5:00 pm-9:30 pm. On 5/4, the schedule reflected that the facility had one staff working from 2:40 pm-6:00 pm.
On Saturday, , the schedule reflected that Staff C and K were scheduled from 10pm-6am. Review of the time sheets for / show that Staff C did not clock in or out. Staff K ' s time sheets reflected that she worked from 5:51 pm on 5/7 until 6:17 am on 5/8. On 5/7, the schedule reflected that the facility had one staff working from 10:12 pm, when Staff H left for the day until 6:00 am, when Staff M arrived.
On Thursday, / , the schedule reflected that Staff B, G and H were scheduled from 2pm-10pm. Review of the time sheets for / show that Staff B did not clock in or out. Staff G's time sheets reflected that she worked from 2:05 pm-7:16 pm. Staff H ' s time sheet reflected that she worked from 2:52 pm-10:11 pm. On , the schedule reflected that the facility had one staff working from 7:16 pm-9:52 pm, when Staff I arrived at 9:52pm.
The facility had a census of 55 residents from / - /6, that included the locked memory care unit with 18 residents and 37 additional ALF residents.
On Saturday, , the schedule reflects that Staff L was the only staff scheduled from 10pm-6am. Review of the time sheets for show that Staff L worked from 10:15 pm-6:34am. Staff J's time sheets reflected that she worked from 2:12 pm-10:25 pm. On , the schedule reflected that the

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facility had one staff working from 10:25 pm-5:57 am, when Staff A arrived for the day shift at 5:57 am on [redacted].

The facility had a census of 58 residents on [redacted] that included the locked memory care unit with 18 residents and 40 additional ALF residents.

In an interview with the administrator on [redacted] at 5:30 pm, she stated that the schedules we were given were the actual posted schedules.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

RE: CCR #2016005443

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 27, 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 -4900.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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