STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11911315 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TITUSVILLE	1800 HARRISON STREET TITUSVILLE, FL 32780

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix AZ814 Reg. # 435.12(2)(b-d), FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) L. Henry for S. Decuir	DATE 9/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/13/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: MJTF12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	R
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 HARRISON STREET** **TITUSVILLE, FL 32780**	

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

0000 Initial Comments

A follow-up visit to a relicensure survey with Limited Nursing Services was conducted at Brookdale Titusville license #5758 on . Brookdale Titusville had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

DEFICIENCY REMAINED UNCORRECTED.
Based on record review and interview, the facility did not ensure the health assessment report form for 1 of 2 sampled residents (15) was accurate and fully completed by the health care provider.
Findings:
Observations on at 3 PM, noted resident #15 sat in a wheelchair and was propelled to the common area by a staff member. Further observations noted both of the resident's feet were

Resident record review for resident #15 revealed a health assessment form 1823 dated / that listed diagnoses of Parkinson's , , , and instability/balance. According to the report she was independent with activities of daily living and needed assistance with bathing. The portion of the health assessment report form where it should indicate if the resident needed assistance with self-administration of medications was blank, it did not indicate yes or no.
In an interview on at 4:15 PM with resident the administrator who said the assessment form was overlooked.
Class III

0010 Admissions - Continued Residency

Deficiency A010 remained uncorrected.
Based on observations, record review and interview, the administrator failed to monitor and take into consideration the continued appropriateness of residency for 1 of 2 sampled residents (#15) and retained a resident who was unable to transfer and ambulate.
Findings:
Observations on at 3 PM, noted resident #15 sat in a wheelchair and was propelled to the common are by a staff. Further observations noted both of the resident's feet were contracted.
In an interview on / at 3 PM with staff A, a caregiver, who stated the resident did not walk or ambulate and that it took 2 staff to transfer her and she needed total care with activities of daily living.
In an interview on at 3:05 PM with resident #15 who stated she depended on the staff, as she was unable to walk or transfer. The staff were on their way to take her to the toilet.
Observations on / at 3:15 PM noted 2 staff transferred the resident from her wheelchair. The 2 staff lifted the resident and sat her in the scooter, the resident did not assist with the transfer; she did not

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

pivot.
Resident record review for resident #15 revealed a health assessment report form 1823 dated / that listed diagnoses of Parkinson's , , and instability balance. According to the report she was independent with activities of daily living and needed assistance with bathing.
In an interview on at 4:15 PM with the administrator who stated resident #15 was able to transfer when she moved in; but seemed she had become a bit dependent on staff after her husband passed a few weeks ago.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, |, 2016

Administrator
Brookdale Titusville
1800 Harrison Street
Titusville, FL 32780

RE: Revisit to re-licensure w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 15, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than |, 2016.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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