AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	**09/30/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 DREW STREET CLEARWATER, FL 33759**	

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

0000 Initial Comments

Assisted Living Facility

On [redacted], 2016, a complaint investigation, (CCR# 2016011368), was conducted at Brookdale Clearwater, Assisted Living Facility. A deficiency was identified at the visit.

(License # 6670)

0056 Medication - Labeling and Orders

Based on record review and interview the facility failed to ensure physician ordered medications were refilled in a timely manner to ensure that doses were not missed for 2 (#1, #2) of 3 residents records reviewed.

Findings included:

A record review of the MOR for 3 residents was conducted on [redacted], 2 of 3 (#1, #2) MOR's reviewed revealed that the facility failed to ensure that residents (#1, #2) physician ordered medications were refilled in a timely manner. This resulted in multiple missed doses of several physician ordered medications.

In review of the MOR for Resident #1, with a diagnosis of, but not limited to, double lung [redacted] 1 mg tablet was prescribed to be taken 1 tablet by mouth twice daily. 11 doses were missed between [redacted]. The MOR was documented " no more left " and " waiting on pharmacy. " In reference to WebMD, [redacted] is used to prevent rejection of an organ [redacted].

[redacted] 180mg tablet was prescribed to be taken 1 tablet by mouth twice daily. 5 doses were missed between [redacted]. The MOR was documented "none on cart" "no more left" and "waiting on pharmacy." In reference to WebMD, [redacted] is used to keep your body from [redacted] and rejecting a [redacted] organ. Including a warning label stating it is important to continue taking this medication even if you feel well.

In review of the MOR for resident #2, with a diagnosis of, but not limited to, [redacted] and major [redacted] 5mg tab was ordered to be taken 1 tablet by mouth once daily. 6 doses were missed between [redacted]. The MOR was documented "med out " "need new

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order" and "doctor notified, waiting on delivery." In reference to WebMD, , , is used to treat high to help prevent , and kidney problems.

HBK 20mg tablet to be taken 1 tablet by mouth every evening. 7 doses were missed between - . The MOR was documented "not in cart" and "will be delivered Thursday." In reference to WebMD HBK is an used to help prevent thoughts/attempts.

25mg tablet to be taken 1 tablet by mouth once daily. 5 doses were missed between - . The MOR was documented " med out " and "waiting on delivery." In reference to WebMD, , is used to prevent high , . Warning label stating do not stop this medication without consulting your doctor, as some conditions may become worse when you suddenly stop this medication.

On / at 12:41pm an interview was conducted with employee G. Employee G stated the facility policy was to call the pharmacy 7 days in advance to refill a resident medication. If it is taken twice a day then to call when there are 14 pills left.

On / at 12:46pm an interview was conducted with employee B. Employee B stated the med techs call the pharmacy to request a refill when the resident is down to a 7 day supply. Also stated if a resident runs out of medicine the doctor or pharmacy is contacted to find out where the order is and try to get an emergency supply from the pharmacy.

On at 3:35pm an interview was conducted with employee B. Employee B stated "I 'm not sure why resident #2 's medication was not reordered, I don't have that answer." "When admitted, resident #1's family, son, brought the medication in. I think that is why the medicine ran out, it was not ordered through the pharmacy for refills at that time."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Clearwater
2750 Drew Street
Clearwater, FL 33759

RE: CCR #2016011368

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOV Patricia Reid Caufman
Field Office Manager

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Enclosure: State (5000-3547) Form
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