| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910258 | 10/05/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE NEW PORT RICHEY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6400 TROUBLE CREEK ROAD**<br>**NEW PORT RICHEY, FL 34653** | |

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

**0000 Initial Comments**

Assisted Living Facility

Three complaint investigations, (CCR# 2016008320, CCR# 2016008515, and CCR# 2016010949) were conducted at Brookdale New Port Richey on , in conjunction with a biennial survey with limited nursing services (LNS). Brookdale New Port Richey, Assisted Living Facility, had a deficiency at the time of the visit.

(License # 6024)

**0030 Resident Care - Rights & Facility Procedures**

Based on interview and record review, the facility failed to follow its written grievance policy to ensure that they were consistently responding to resident complaints.

Findings included:

Staff A was interviewed at 12:46 PM on and stated that Resident #4 had directly complained that a medication assistant (med tech) was on the phone while providing assistance with self-administration of medication. Staff A stated that they then informed the temporary director of nursing (no longer employed at the facility) of the complaint.

The resident care coordinator was interviewed at 3:10 PM on and stated that Resident #4 had directly complained about a med tech providing medication assistance while a personal cell phone was sitting on the med cart. The resident care coordinator stated that Resident #4 was upset because there was someone on the phone who could hear personal information. When asked who they had directed this complaint to, the resident care director stated that they had no recollection.

A review of the facility ' s Grievance Policy, last revised , was conducted and it stated that residents may express a formal grievance to associates. It also stated that when a grievance had been submitted, the administrator will follow the grievance procedure, document actions taken in response to the grievance, and may document these actions in the grievance log.

A review of the grievance log on / for 2016 showed no complaint regarding a med tech being on a cell phone during assistance with self-administration of medication.

The adminsitrator was first interviewed at 1:41 PM and stated that there was no recollection of receiving

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SUMMARY STATEMENT OF DEFICIENCIES
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a complaint concerning a med tech being on a cell phone during medications assistance. During another discussion with the adminsitrator at 5:30 PM, the administrator stated that they just found out about this and acknowledged that the facility ' s grievance policy was not followed.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale New Port Richey
6400 Trouble Creek Road
New Port Richey, FL 34653

**RE:** Biennial with LNS **& CCR# 2016008320, CCR# 2016008515, CCR# 2016010949**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and three complaint surveys that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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.

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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

PRC/kpr

Enclosures: State Forms 5000-3547

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