AGENCY FOR HEALTH CARE ADMINISTRATION

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

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

0000 Initial Comments

Assisted Living Facility

A biennial re-licensure survey with limited nursing services (LNS) was completed in conjunction with three complaint investigations (CCR# 2016008320, CCR# 2016008515, and CCR# 2016010949) at Brookdale New Port Richey on . Deficient practice was identified during the biennial re-licensure survey.

(License # 6024)

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure 2 of(#14 , #15) 3 reviewed health assessments were complete.

Findings included:

During a review of residents' health assessments on , it was revealed that resident #14's last health assessment dated / was incomplete. The health assessment did not include the facility's full name, address, phone number and contact person's name.The resident's date of birth, the name of the examiner, the medical license, and the address of the examiner were missing and the signiture of the examiner was not ledgable.

A review of Resident #15 ' s 1823 Form, dated , revealed that it did not indicate the following as required : whether the resident required supervision or assistance with the activities of daily living, any special diet instructions, whether the resident had a communicable which could be transmitted to other residents or staff, whether the resident was bedridden, whether the resident had any , 3, or 4 pressure sores, whether the resident was a danger to self or others, or if the resident required 24-hour nursing or care. Additionally, Resident #15 ' s 1823 Form did not indicate if the resident ' s needs can be met in an assisted living facility, which is not a medical, nursing, or facility.

An interview was conducted with the Director of Nursing (DON) at 4:26 PM on The DON reviewed the health assessments(1823 Form)and acknowledged that the forms were incomplete.

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	AL11910258	**10/05/2016**

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BROOKDALE NEW PORT RICHEY	**6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653**

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

Class III

0086 Training - ADRD

Based on record review and interview the facility failed to ensure that staff members who provide direct care to residents with 's and related (ADRD) completed ADRD Level I training within 3 months of employment and completed ADRD Level II training within 9 months of employment for 3 (Staff B, C, and D) of 4 employees reviewed.

Findings included:

A record review for Staff B, a direct caregiver and medication technician, was completed on . The record review revealed that Staff B was hired and that there was no documentation indicating that Staff B had completed ADRD Level I or Level II training.

A record review for Staff C, a direct caregiver, was completed on . The record review revealed that Staff C was hired and that there was no documentation indicating that Staff C had completed ADRD Level II training.

A record review for Staff D, a direct caregiver, was completed on . The record review revealed that Staff D was hired on and that there was no documentation indicating that Staff D had completed ADRD Level I or Level II training.

An interview was completed with the Administrator on at 4:55 PM. The Administrator confirmed that Staff B was missing ADRD Level I and II training, Staff C was missing ADRD Level II training, and that Staff D was missing ADRD Level I and II training. The Administrator stated that she was unable to find any documentation that those staff members had completed those trainings. No additional documents were provided by the Administrator.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[illegible], 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 [illegible]ber 5, 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 [illegible], 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 encourag[illegible] and valued, as our goal is to ensure the professional and consistent application of the survey process.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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

XG90