STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965048	R
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OVIEDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1725 PINE BARK** **OVIEDO, FL 32765**	

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

0000 Initial Comments

/ / revisit conducted to Re-licensure survey with Limited Nursing Services. Brookdale Oviedo had a deficiency at the time of the visit.

N278 LNS - Records

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility did not ensure that complete nursing progress notes and nursing assessments were maintained for 1 of 4 sampled residents (#2) who received limited nursing services (LNS).

Findings:

Record review for #2 conducted on / revealed Physician order dated for Compression stockings on 1 am off 1 p.m. Comfort only. A review of medication observation records of revealed the resident was assisted with the stockings by certified nursing assistant (CNA) as ordered.

On at 3:30 p.m. the director of nursing (DON) stated that she had not maintained nursing progress notes and nursing assessments regarding the services of #2's compression stocking. She stated that the stockings were for comfort only; therefore, the service was not under LNS.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965048 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OVIEDO	1725 PINE BARK OVIEDO, FL 32765

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 A0008	Correction	ID Prefix A0010	Correction	ID Prefix A0025	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0054	Correction	ID Prefix A0078	Correction	ID Prefix A0081	Correction
Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0089	Correction	ID Prefix A0090	Correction	ID Prefix A0091	Correction
Reg. # 429.178 FS	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.0191(12) FAC	Completed
LSC		LSC		LSC	
ID Prefix AN277	Correction	ID Prefix AZ813	Correction	ID Prefix AZ814	Correction
Reg. # 58A-5.031(2) FAC	Completed	Reg. # 59A-35.090(3)(c), FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC		LSC		LSC	
ID Prefix AZ815	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		10/28/16	Theresa DeCotis RN	10/28/16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
8/15/2016	☐ YES ☐ NO

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Oviedo
1725 Pine Bark
Oviedo, FL 32765

RE: Revisit to Relicensure survey w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 12, 2016by 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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