STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964567	10/25/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **13550 SOUTH VILLAGE DRIVE** **TAMPA, FL 33624**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016012018), was conducted at Brookdale Carrollwood, LLC on . . / . . Brookdale Carrollwood, LLC, Assisted Living Facility, had a deficiency at the time of the visit.

(License # 9134)

0056 Medication - Labeling and Orders

Based on record review and interview, one of one resident sampled (#1) who received assistance with medication self-administration had not had one of their medications refilled for a period of at least 11 days during , 2016 without an official explanation--a physician's order, out of refills, etc.

Findings included:

A resident record review during the investigation indicated that Resident #1 was taking 5mg 2 tablets 2 times per day as of / and every month thereafter. A review of the / medication observation record (MOR) revealed that for the entry, "d/c order finished" had been documented on , and nothing further had been written in for the remainder of the month for this line item. However, a different entry was noted to have begun on for the same medication, 5mg, leaving a 12 day gap.

Further review of the file found no subsequent orders for the discontinuation of the drug, nor was there any clarification of the number of refills per order--which had been offered as an explanation by facility administration. Review of the monthly Physician Orders sheets from to found entries for the stating "90-days"; the sheet indicated "30days." Nevertheless, it was still unclear why the resident's supply suddenly ran out in the middle of the month. Although the administrator demonstrated a form that apparently had been faxed to the resident's health care provider in order to authorize the pharmacy to refill the order, the facility's haphazard approach to refilling orders came into question.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Carrollwood
13550 South Village Drive
Tampa, FL 33624

RE: CCR# 2016012018

Dear Administrator:

This letter reports the findings of a 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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-basec 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

Enclosure: State Form 5000-3547

XG90