AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910005	10/31/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BAYSHORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4902 BAYSHORE BLVD** **TAMPA, FL 33611**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on & .

The Brookdale Bayshore, Assisted Living Facility (License #7565), had deficiencies at the time of this visit.

0052 Medication - Assistance with Self-Admin

Based on observation. record review, and interview, the facility failed to properly provide 3 of 6 residents assistance with self-administration of medications in accordance with procedures described in Florida Statutes Section 429.256.

Findings included:
Per record reviews and staff interviews, Staff B & Staff D are both unlicensed Resident Care Aide/Medication Techs who have each received 4 hours of training in providing residents assistance with self-administration of medications. Per record reviews, licensed medical providers completing Resident Health Assessments (AHCA Form 1823) state Residents #7, #12, and #14 are all in need of assistance with self-administration of medications.
Per review of Medication Observation Record & physician's order, Resident #7 was prescribed Excelon patch - Dis 4.6mg/24 - generic for . Per review of Medication Observation Record, instructions state: Apply 2 patches (9.2mg) by mouth daily *Remove Old Patches* Per review ian order, instructions state: Apply 2 patches daily, 1 on each side of upper back. Per observation at 11:00am, Staff B put on gloves, removed 2 patches, then applied 2 patches on the right side of Resident #7's back next to each other. Staff B stated: "Another Aide said to put the patches together, next to each other, so they are easier to remove. I do it that way because the Med Tech complained." Staff B further stated: "Places are different - Med Techs were not allowed to do this at previous place I worked, but it's allowed here."
Per review of Medication Observation Record & physician's order, Resident #7 was prescribed 50mcg nasal spray - generic for - with orders to Inhale 2 sprays in each nostril twice daily. When Surveyor asked Staff B (at 11:20am) if she sprays or gives to resident to spray, Staff B responded: "I give it to her to do unless she's sleeping, then I just do it, just spray it in."
Per review of Medication Observation Record & physician's order, Resident #12 was prescribed Eye Drops - SM Lubricant DRO 0.4-0.3% - generic for - with orders to Instill 1 drop in each eye 3 times daily. Surveyor observed Staff D (10/28/16 at 11:20am) squeeze liquid into each eye, more than 1 drop as prescribed, while Resident #12 pulled eyelids - Staff D did not provide

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assistance with self-administration of medication in accordance with physician orders.
Per review of Medication Observation Record & physician's order, Resident #12 was prescribed [illegible] with Flex Gel - listed on Medication Observation Record as Routine Treatment - Left shoulder [illegible] 3 times daily. Surveyor observed Staff D (at 1:15pm) put on gloves, ask resident if he wanted shoulder cream, put cream on his gloved hand and rub the cream on Resident #12's shoulder - Staff D did not provide Resident #12 assistance with self-administration of medication.
Per review of Medication Observation Record & physician's order, Resident #14 was prescribed 1% Opth Susp - with orders to Instill 1 drop in each eye twice daily (:) and Mal Sol 0.5% OP - generic for [illegible] - with orders to Instill 1 drop in each eye twice daily (: [illegible]). Staff D stated (at 1:35pm) Resident #14 "gets eye drops. He can't see to do it himself." Per interview with Staff D and review of Resident #14's Medication Observation Record, Staff D had administered both of Resident #14's prescribed eye drops at 8:00am on .
Per [illegible] interview with the facility's Regional Health & Wellness Clinical Director, the Registered Nurse confirmed that unlicensed staff Medication Techs should not be administering medications as discussed above.

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to maintain an up-to-date Admission and Discharge Log listing the names of all residents, each resident's date of admission, the facility or place from which the resident was admitted, date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged.

Findings included:
On at 4:00pm, Surveyors requested of Administrative Staff G current resident records to review. Surveyors selected 14 residents listed on Admission/Discharge Log as having been admitted and not discharged and were told by staff G after each named request that the resident is no longer a resident of the facility. The facility failed to complete the Admission/Discharge Log when residents are discharged from the facility.
Per record review conducted at the facility on , the facility ' s current Admission/Discharge Log includes columns for Name of Resident, Date Admitted, Date of Discharge, and Reason for Discharge; the current Log does not include where the resident was admitted from or to where the resident was discharged. An 2014 log chart includes columns for Admitted from, but information is not provided since an entry dated .
Per interview on at 11:30am, Administrative Staff G stated the Front desk staff was doing the Admission/Discharge Log, but the facility will make changes to that responsibility.

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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Bayshore
4902 Bayshore Blvd
Tampa, FL 33611

Dear Administrator:

This letter reports the findings of a biennial state licensure 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,

for Patricia Reid Caufman
Field Office Manager

PRC/clt

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

Enclosure: State (5000-3547) Form
XG90