STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965169	**12/22/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ST LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9825 S. U.S. HIGHWAY 1 PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A licensure complaint survey, CCR#2016012214 was conducted on at Brookdale of Port St. Lucie (license#9628). The facility had a deficiency identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and staff interview, the facility failed to have a complete and accurate Health Assessment (AHCA Form 1823) reflective of a resident's care needs and condition, for 1 of 3 residents whose assessments were reviewed (Resident #1).

The findings include:

On , a review of the current health assessment, dated , for Resident #1 revealed an assessment that was incomplete in several areas and did not accurately reflect the current ADL (Activities of Daily Living) status of Resident #1.

1) The resident's weight at time of examination was not recorded in Section 1.
2) There is no information contained in Section 1 related to Physical or Sensory Limitations, or Behavioral Status, or Special Precautions.
3) In the ADL part of Section 1, on page 2, all ADLs are listed as requiring "Total Assist"; however, per observation, and facility Personalized Service Plan, the resident is not total assist with her ADLs.
4) In part C of Section 1, on page 2, the question which asks if the resident poses a danger to self or others in not answered.
This section also states that this resident requires 24 hour nursing or care.
5) Section 2, part B, located on page 4, does not have a check mark indicating whether or not resident need help with their medications.
6) Physician's printed name and medical license number was not documented at the bottom of page 4.

On at 2:27 PM, Memory Care Unit Manager stated, "We have tried numerous times to get [Resident #1's] physician to complete a new health assessment ... but he doesn't respond, or sends back forms that are incomplete."

During an interview on at 3:30 PM with Executive Director, the difficulty in getting completed health assessments from Resident #1's doctor was confirmed.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Brookdale Port St Lucie
9825 S. U.S. Highway 1
Port Saint Lucie, FL 34953

RE: CCR #2016012214

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 and , 2016 by representatives 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 , 2017.** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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