STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	01/10/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

Complaint investigation # 2016012144 was conducted on . / . . . . . Horizon Bay Vibrant Retirement Living, license#9795 had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure resident health assessment (AHCA 1823) had all the required information for 2 of 4 sampled-resident records reviewed (#1 and #2).

Findings:

1. A review of resident #1's record revealed the most current health assessment AHCA 1823 was dated . It did not address whether or not the resident would require any assistance with the administration of medication and any special diet. The form did not document the telephone number, the address and the license number of the examining health care provider.

2. Resident #2's AHCA 1823, dated / did not address whether or not the resident would require any assistance with the administration of medication.

On / at 4:45 p.m. the assistant health and wellness director reviewed both Resident #1's and Resident #2's AHCA 1823 and confirmed the missing information.

Class III

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

Based on record review and interview, the facility failed to take into considerations the accuracy of information that was provided on the resident health assessment (AHCA1823) to determine appropriateness of continued residency; and failed to obtain an AHCA 1823 after a significant change (hospice admission) for 1 of 4 sampled-resident records reviewed (#1).

Findings:

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NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

A review of resident #1's record revealed the most current AHCA 1823 dated / that the facility obtained after the resident was discharged from a hospital. AHCA 1823 showed resident #1's diagnoses as and history of . The ACHA 1823 further documented resident #1 was bedridden and her needs could not be met in an assisted living facility which was not a medical, nursing, or facility. Further review of resident #1's record revealed she was admitted to hospice services on / . There was not an updated AHCA 1823 to reflect the hospice admission.

On / at 4:00 p.m. the resident was observed sitting in wheelchair in the living other residents.

On / at 4:45 p.m., the assistant health and wellness director confirmed the facility had not obtained an updated AHCA 1823 to reflect the hospice admission. She stated that the resident had never been bedridden.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to ensure the use of physical was limited to half bed rails for 1of 9 sampled residents (#3.)

Findings:

Resident #3's health assessment (AHCA 1823) dated / revealed resident #3's diagnoses included but were not limited to muscle and . Resident #3 needed assistance with all activities of daily living.

On / at 4:30 p.m. the resident was observed in bed with full bedrails up on both sides of her bed. resident #3 stated the full rails came with the hospital bed that her family member brought in. She was not able to remove them.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	**01/10/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

On / _ _ at 4:50 p.m. the executive director stated the use of full rails was not allowed. He and the assistant health and wellness director were not aware the resident had full bedrails.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Lake Orienta
217 Boston Avenue
Altamonte Springs, FL 32701

RE: CCR #2016012144

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

XG90