AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	01/09/2017
NAME OF PROVIDER OR SUPPLIER **BRENTWOOD SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6280 CENTRAL AVE, STE 312** **SAINT PETERSBURG, FL 33707**	

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

0000 - Initial Comments

Assisted Living Facility

An off hours complaint survey, (CCR# 2016012740 and CCR# 2017000008) was conducted at Brentwood Senior Living Community assisted living facility, (lic# 11812), on / . Brentwood Senior Living Community had a deficiency at the time of the investigation.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide documentation of daily observations or maintain a written record of any significant changes for 1 (#2) of 2 residents.

Findings included:

On / at 10:45am a record review of Resident #2 medical record showed that she had been readmitted to the facility on / . At the time of re-admission, a skin assessment was conducted which the staff nurse documented as " open area to and reddened " (No measurements were given). There were no further nursing entries or documentation noted in Resident #2 ' s record regarding notifications, orders, or progress of area.
Resident #2 ' s Home Health record dated was reviewed on / . The record showed that Resident #2 is being seen by a home health agency for a " to and also dated . the home health documents showed the resident continues to be treated for " of sacral region, "
In interview on / with the Director of Nursing at 11:40am she stated " I don ' t know why it says that, she didn ' t have a ."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brentwood Senior Living Community
6280 Central Ave, Ste 312
Saint Petersburg, FL 33707

RE: CCR# 2016012740 & 2017000008

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2017, 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 deficiency. 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 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-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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1161
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Cauman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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