STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968732	**01/13/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 SE 19TH AVE** **OCALA, FL 34471**	

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

0000 - Initial Comments

On , 2017 through , 2017, a biennial licensure survey with Limited Nursing Services (LNS) was conducted at Brookdale Pinecastle (facility license number 12614). During the survey deficient practice was identified.

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

Based on record review and interview, the facility failed to update the Resident Health Assessment (AHCA Form 1823) for 1 of 2 residents (Resident #8) after a significant change in condition.

Findings:

On , a record review of Resident #8's Resident Health Assessment (AHCA Form 1823), dated , did not document that Resident #8 had developed a .

During an interview on at 3:30 PM, with the Director of Nursing (DON), the DON stated that Resident #8's AHCA Form 1823 should have been updated to show the resident had developed a . The DON reviewed the AHCA Form 1823 with this surveyor and confirmed the AHCA Form 1823 was not updated.

Class III