STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	09/09/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 EAST MINNEHAHA AVENUE** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On , , 2016 & , , 2016, a Biennial licensure survey with Limited Nursing Services (LNS) was conducted at Brookdale Clermont Assisted living Facility (facility license #9139). Deficient practice was identified during the survey. The facility was not in compliance at this time.

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

Based on record review and interview, the facility failed to obtain omitted information on the Resident Health Assessment (AHCA Form 1823) for 2 of 8 residents (Resident #6 and #7).

Findings:

On , a record review was conducted on Resident #6's 1823 health assessment, dated . It was observed to be missing the following information:
1. Page 2 Section A: To what extent does the resident need supervision or assistance: The facility failed to provide the extent and type of supervision or assistance needed for: ambulation, bathing, dressing, self-care ( ), and toileting.
2. Page 5 Section 3: Services offered or arranged by the facility for the resident: Name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee are blank.

On , a record review was conducted on Resident #7's 1823 health assessment, dated . It was observed to be missing the following information:
1. Page 2 Section A: To what extent does the resident need supervision or assistance: The facility failed to provide the extent and type of assistance needed for: bathing, dressing, self-care ( ), toileting, and transferring.
2. Page 3 Section A: Ability to perform self-care tasks: The facility failed to specify the extent and type of assistance needed for preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs.
3. Page 4 Section B: Does the resident need help with taking his or her medications; neither the 'yes', nor 'no' box is checked. The section indicating the level of assistance the resident requires for medication administration is blank.
4. Page 5 Section 3: including services offered or arranged for by the facility, name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee; This page is blank.

During an interview conducted on at 2:10 PM with the Health and Wellness Direction, the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	**09/09/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 EAST MINNEHAHA AVENUE** **CLERMONT, FL 34711**	

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

Health and Wellness Director acknowledged that there were omissions on Resident #6's AHCA form 1823, pages 2 and 5, and Resident #7's AHCA form 1823, pages 2, 3, 4, and 5.

Class III

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

Based on interview and observation, the facility failed to provide a decent living environment for 2 of 12 residents Resident #9 and #12).

Findings:

On at approximately 11:01 AM, an interview was conducted with Resident #9. During the interview she stated her air conditioner leaked at one time in her left a stain that she thinks may be mold. She said that her refrigerator is leaking oil onto the floor. She told the maintenance man but they have not done anything about it. She also said they have a roach problem and nothing is being done.

On at approximately 11:40 AM, an observation was made of resident #9's , , occupied by Resident #9 and #12. It was observed that there were two stains on the carpet. It was observed approximately 7 roaches lying around the apartment and what appeared to be roach feces on the refrigerator, and in the kitchen cabinets (photos taken).

On at approximately 12:20 PM, an interview was conducted with the Administrator in reference to Resident #9 and #12's , . She looked at the pictures taken of the roaches, roach feces, and oil on the floor, and stated, "Residents should not have to live in those conditions." She stated Resident #9 just complained to her about the rug and refrigerator. She stated they have been working on the roach problem.

Class III