STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	03/22/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 MIDDLE STREET** **LAKE MARY, FL 32746**	

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

0000 - Initial Comments

A Complaint Investigation #2017003018 was conducted on and . Brookdale Lake Mary Assisted Living Facility license #10162 had deficiencies at the time of the visit.

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

Based on observations, record review and interview the facility did have evidence of a medical examination completed 60 days prior to admission or within 30 days of admission for 1 of 3 sampled residents (#3) and did not obtain an accurate up-to-date Resident Health Assessment form (1823) for 2 of 2 sampled Residents (#1 &#3).

Findings:

1. Record review for Resident #3 admitted on , revealed an 1823 that was dated . The 1823 noted she required total care for Ambulation, Bathing, Dressing, , Eating, Transferring and Toileting. The 1823 also noted she had a communicable and required 24 hour nursing. These all Exceeded the Assisted Living Facility Admission requirements. Further record review revealed there was no other 1823 form found in the record that was completed 60 days before admission or 30 days after admission.

Observations of resident #3 on at 9:30 AM revealed she resided in the secured memory care unit; she was ambulating with a walker. She was unable to provide appropriate answers to questions due to her , .

On at 2:45 PM, the administrator reviewed the 1823. The administrator said the 1823 form was not correct. The resident was not total care and did not have a communicable , or required 24 hour nursing. She did not know the form noted the resident had a communicable and required 24 hours nursing at admission and she did not notice the date that the health care provider wrote on the 1823.
2. Review of the record for resident #1 revealed a Health Assessment (1823) that was not signed or dated by the provider.

The Resident Care Director and Administrator reviewed the form and confirmed it was not signed or dated. The administrator stated on at 1:30 PM this was the form sent back from the hospital when she was admitted and she was not aware the 1823 was not signed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	**03/22/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 MIDDLE STREET** **LAKE MARY, FL 32746**	

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

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, review of staff schedule and interview, the facility did not maintain a written work schedules that reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the staff Schedule revealed staff B was scheduled to work from 3 PM-11 PM in the secured memory care unit. The Administrator was asked on . . at 1:45 PM, if the Schedule was accurate and if Staff B would be arriving to work at 3 PM. The administrator said yes the schedule was correct.

Observations on . . at 3:15 PM in the secured memory care unit revealed Staff B was not present. A staff in the memory care unit said another staff was working her schedule for the day.

On at 3:30 PM, the Health and Wellness Director said staff B and Staff G changed days off with another staff and it was not updated on the schedule.

Class