STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964069	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MANDARIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10790 OLD ST RD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

On , 2017 a biennial relicensure survey in conjunction with complaint surveys (CCR 2017002520) was conducted at Brookdale Mandarin Assisted Living. Deficient practice was identified during the surveys.

N278 LNS - Records

Based on record review and interviews the facility failed to update the Limited Nursing Services log (LNS) by not keeping a record of the Residents and the type of services being provided for 2 of 3 Residents receiving services.

The findings include:

An interview was conducted with the Administrator on at 9:20 AM. The Administrator stated there were 3 Residents receiving Limited Nursing Services at this time.

The LNS log was reviewed on . One Resident was observed written on the log for services for .

An interview was conducted with the Health Wellness Director, LPN at 10:04 AM on . The Health Wellness Director confirmed there were 3 Residents receiving Limited Nursing Services. One Resident has a hand , that is applied and taken off daily, one Resident is receiving , and the other Resident has a back brace that is applied daily and removed. The Health Wellness Director confirmed the Admission Discharge log for LNS was not updated, and the Resident with a back brace and hand , were not listed.. The LPN stated" Our corporate RN has not been in yet to update the log."

Class III