STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964456	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TARPON SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1651 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, an abbreviated biennial re-licensure survey in conjunction with a complaint survey, (CCR 2017002263), was conducted at Brookdale Tarpon Springs. Deficient practice was identified related to the abbreviated biennial re-licensure survey.

(License # 9009).

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure that unlicensed staff were properly assisting residents with medication self-administration for one (Resident #8) of four residents sampled for assistance with medication self-administration.

Findings included:

During a medication observation conducted at 11:30 AM on , Staff C was observed providing Resident #8 with eye drops. Staff C was observed pressing down on Resident #8's right and left lower eyelids and placed a drop in each eye while the resident's hands were by their side, not assisting in the process.

Staff C was interviewed at 11:35 AM and acknowledged that they lowered Resident #8's lower eyelids and administered eye drops in to their eyes.

A review of Staff C's employee record conducted on showed that they were not licensed personnel.

An interview was conducted with the Health and Wellness Director at 1:57 PM on concerning the facility's policies and procedures on administering eye drops to residents. The Health and Wellness Director stated that that the medication assistants can't do that, and that only a licensed nurse can administer.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to ensure that, within 30 days after beginning employment, newly hired staff submitted a written statement from a health care provider that individuals did not have any signs or symptoms of communicable ..... (Communicable ..... Statement) for one (Administrator) of four employee records reviewed.

Findings included:

A review of employee records conducted on showed that the Administrator began employment in that position on ..... . A review of the Administrator's record also revealed a lack of a Communicable Statement.

The Administrator was interviewed at 2:58 PM on and they acknowledged that there was no Communicable ..... Statement available.

Class III