STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965169	05/16/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ST LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9825 S. U.S. HIGHWAY 1** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on 15-16, 2017 at Brookdale Port St. Lucie (License #9628). The facility had deficiencies identified at the time of the survey.

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

Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed and accurate for 1 out of 2 sampled residents (Resident #10).

The findings included:

On , the health assessments for Resident #10 were reviewed and had the following errors or omissions:

a) Health Assessment (AHCA Form 1823) dated
1. "Total" care was marked as required for .
2. "Total" care was marked as required for transferring.
3. "Total" care was marked as required for toileting.

b) Health Assessment (AHCA Form 1823) dated
1. Inquiry as to whether or not the resident required 24 hour nursing or care was left blank (no anwer of "yes" or "no" marked).

These findings were discussed with the Claire Bridge Program Manager/Health and Wellness Director on at 11:00 AM. She acknowledged the findings and confirmed that the resident did not required "total care" with any of her activities of daily living (ADLs). She stated the resident was assisted with toileting, transferring and . She also verified that the resident did not require 24 hour nursing or care. The facility provided no additional documentation for review at this time.

Class III

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

Based on observation and interviews, the facility failed to ensure that residents were informed of the medications being provided to 5 out of 5 sampled residents during the Medication Pass observation. (Residents #1, #2, #3, #4 and #6)

The findings included:

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

1) An observation of medication administration assistance was conducted on [redacted] at 8:38 AM. The Medication Technician poured medications and handed them to Resident #1 with the remark, " Here are your medications". The Technician did not identify the numerous medications.

The Medication Technician then poured medications into a paper cup and handed them to Resident #2 at 8:45 AM with the same remark, " Here are your medications". The Technician again failed to identify the multiple medications.

At 8:50 AM, the Medication Technician poured medications for Resident #3 and handed them to the resident with the same remark. The Technician did not identify the numerous medications.

The Technician followed the same procedure for Residents #4 (8:55 AM) and #5 (9:00 AM), pouring their medications into souffle cups and handing them to the residents without identifying them.

When the Medication Pass observation was completed at 9:05 AM, this Surveyor asked the Technician if she had identified any of the medications to the residents. The Technician stated, " I forgot". The Technician confirmed that she failed to identify the medications, or read the medication labels as required.

Class III