STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964959	**04/06/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PENSACOLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 UNIVERSITY PARKWAY** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

An unannounced limited nursing services (LNS) monitoring visit was conducted on , , 2017 at Brookdale of Pensacola assisted living facility (License #9354). Deficient practice was found at the time of the survey.

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on staff interview and facility record review the facility failed to have a registered nurse present when monthly assessments were completed for 2 of 2 residents (#1 and #2).

The findings are:

A review of the monthly assessments for limited nursing services for resident #1 and resident #2 revealed the , 2017 assessment had been completed by the Health and Wellness Director (HWD), a licensed practical nurse (LPN) on . The date the RN signed the assessment was .

An interview was conducted with the HWD on at 11:57am. She stated, "I complete the monthly assessments and the RN will check them and sign them. She confirmed that the , assessments were completed on and co-signed on by the RN when she was in the building.

Class III