

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964596	(X3) DATE SURVEY COMPLETED 07/25/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 650 EAST MINNEHAHA AVENUE CLERMONT, FL 34711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On an unannounced complaint investigation survey was conducted at Brookdale of Clermont (License #9139). Deficient practice was identified at the time of the survey. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on observation and interview the facility failed to honor resident rights by ensuring the privacy for 8 of 65 residents (8 Medicaid Residents on current Census). Findings: During the tour of the facility and upon entrance to the 2nd floor on at 10:25 a.m., two binders marked "Medicaid" were observed propped on the hand-rail resting against the wall next to an unmanned Medication Cart. The binders contained papers stating resident's name, , and extent of care needed to assist residents. Binders were accessible to anyone entering the second floor (photographic evidence). An interview was conducted with the Health and Wellness Director on at 10:32 AM. She confirmed the binders should be kept in the locked medication cart and leaving binders on the hand rails in the hallway was a breach of resident privacy. Class III		

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PRINTED: 09/06/2017
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