STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	08/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 DREW STREET** **CLEARWATER, FL 33759**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial relicensure survey with limited nursing services (LNS) was conducted on in conjunction with a revisit to complaint survey, (CCR# 2017003986), at Brookdale Clearwater, an assisted living facility, in Clearwater, Florida. There were deficiencies identified at the time of the visit.

(License # 6670)

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

Based on observation and interview, the facility failed to ensure that an unlicensed person assisted residents with self-administered medications in accordance with the procedures described in Section 429.256, F.S. for one (Resident #15) of three residents observed.

Findings included:

On at 11:30 AM, Staff D, a medication technician, was observed assisting Resident #15 with the self administration of two medications. During this observation, Staff D did not read the medication label to the resident or tell Resident #15 what either medication was as required. During this observation, Staff D only told Resident #15, "I have to give you your pills."

On at 11:30 AM, Staff D confirmed that she did not tell Resident #15 what medications he was taking. Staff D confirmed that she was supposed to tell residents the name of the medication when she assists them with self-administration. Staff D stated that she normally just tells Resident #15 that she has his noon pills and Resident #15 takes them.

On at 4:05 PM, the District Clinical Director stated that the expectation was that medication technicians identify each medication to the residents when assisting with the self-administration of medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	**08/07/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 DREW STREET** **CLEARWATER, FL 33759**	

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

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that changes to scheduled meal was noted before or when the meal was served; or ensure that documentation of meal substitution were maintain on file in the facility for 6 months.

Findings included:

During lunch meal observation, conducted on at 11:30 a.m., residents were served ground instead of fish as indicated on the facility's meal schedule for observed meal.

Record review revealed that there were no substitutions noted before or when the meal was served on for the breakfast or lunch meal observed. There was no substitution log kept on file in the facility for 6 months available for review at time of survey.

During interview with the Director of Dining Services, on at 11:52 p.m., he confirmed that there was no substitution log for the lunchtime meal observed, or a 6 month log for review.

Class III