

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE OCOEE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation #2017006239 was conducted on . Brookdale Ocoee license # 9731 had a deficiency at the time of the visit. 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC Based on record reviews and interviews the facility failed to ensure a face-to-face medical examination was conducted for 1 of 7 sampled residents (#1) who experienced a significant change, 2. Failed to ensure that as part of the continued residency criteria 1 of 7 sampled residents (#4) had a new health assessment form 1823 completed every 3 years, and 3. Retained 1 of 7 residents (#6) who exceeded the Assisted Living Facility (ALF) residency criteria and 4. Failed to ensure resident # 5 had a health assessment that addressed all required information. Findings: 1. Record review for resident #4 revealed only a health assessment form 1823 that was dated . The record did not contain a new 1823 that was completed at least every 3 years, as required. On at 4:11 PM, the wellness director confirmed the finding. 2. Record review for resident #6 revealed that she was admitted to the facility on . A health assessment form 1823 that was completed on indicated that resident #6 required total assistance with , toileting, and transfers, all of which exceeded the continued residency criteria. Her record contained no evidence that she was admitted to hospice services. On at 4:16 PM, the wellness director confirmed the finding. 3. Record review for resident #1 revealed a health assessment report dated and was admitted to hospice on . The review revealed no evidence to confirm that a revised (new) health assessment was obtained when she was admitted to hospice, which was a significant change. 4. Resident record review for resident #5 revealed a health assessment report dated . The assessment did not indicate if the resident needed 24-hour nursing supervision. That portion of the assessment was blank. On at 4:16 PM, the wellness director confirmed the finding. Class III		