

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964750	(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SPRING HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 10440 PALMGREN LN SPRING HILL, FL 34606	

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

0000 - Initial Comments

On , an unannounced complaint survey (CCR#2017012048) was conducted at Brookdale Spring Hill, license #9255. The facility was not in compliance at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review the facility failed to acquire omitted information on an Agency for Healthcare Administration (AHCA) form 1823, Resident Health Assessment, for 1 of 3 (Resident #3) sampled residents.

Findings:

On , a record review was conducted on Resident #3's clinical record. The record revealed an AHCA form 1823, Resident Health assessment dated . The Form 1823 had the following omitted information: Page 2, the resident's name and date of birth were omitted; Page 2, Section 1 indicates the resident needs assistance or supervision with ambulation, bathing, eating, dressing, self-care (), toileting and transfer. There was no documentation of the extent of supervision or assistance that the resident required for these sections; Page 3, Section 2 Self Care Tasks. The Health Assessment indicates the resident needs assistance with preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs. There is no documentation of the extent of assistance the resident requires; Page 4, Section Medical Certification information. The health care provider omitted address and telephone number. (See photographic evidence)

On at 2:30 PM, an interview was conducted with the Health and Wellness Director (HWD). The HWD confirmed that there was omitted information from the residents AHCA form 1823.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review, interviews and observations the facility failed to provide a safe and decent living environment for 1 of 3 residents reviewed (resident #3).

Findings:

On , a record review was conducted on resident #3's clinical record. The record review revealed the resident's Agency for Healthcare Administration (AHCA) form 1823, Resident Health Assessment, indicating the resident required assistance with ambulation, bathing, dressing, self-care

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(), toileting, and transferring. On at 9:58 AM, during the facility tour, an observation was made of the apartment of Resident #3. Observations of resident #3's the presence of a used adult brief lying on the against the trash receptacle. Observations of the receptacle revealed it was filled with used tissue paper and had not been emptied. (See photographic evidence) On at 10:30 AM, an interview was conducted with the Health and Wellness Director (HWD). During the interview the HWD was asked about the schedule for debris and trash removal from a resident's. The HWD stated the resident's trash removal is conducted during every shift for every resident apartment. On at 11:35 AM, an interview was conducted with the Housekeeping staff (Staff D). Staff D stated the trash receptacle are to be emptied on each shift by care staff. On at approximately 2:45 PM, an observation was made of Resident #3's Staff F, a Licensed Practical Nurse (LPN). A used adult brief was observed lying on the floor of the resident's, and the trash was observed to be unemptied. On at approximately 2:45 PM, an interview was conducted with Staff F, LPN. The staff member confirmed that there was a used adult brief on the floor, and the trash receptacle was unemptied. Class III		