STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922281	**04/10/2018**
NAME OF PROVIDER OR SUPPLIER **WESTBROOKE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **6701 DAIRY ROAD ZEPHYRHILLS, FL 33542**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

A Complaint Survey (CCR#: 2018001195) in conjunction with a Revisit to 02/08/18 Complaint Survey (CCR#: 2017014704) was conducted at Westbrooke Manor Assisted Living Facility (ALF) on 04/10/18. Westbrooke Manor ALF had unrelated deficient practice at the time of survey.

(License#: 6061)

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

Based on record review and interview, the Facility failed to honor resident rights by failing to provide at least a 45-days' notice of the termination of residency for one Resident (#1) of three sampled residents who were discharged from the facility.

Findings Included:

A record review, for Resident #1 conducted on , revealed that Resident #1 did not have a completed Agency for Healthcare Administration Form to assist the Facility in determining appropriateness of residency for Resident #1's admission. Resident #1's record did not have a 45-day written notice to terminate residence. Resident #1's record did not have documents showing good cause to terminate residency. Resident #1's record did not contain an assessment that Resident #1 was a danger to self or others. Resident #1's record did not contain documentation that Resident #1 needed 24-hour Nursing or care.

An interview, with Resident #1's Responsible Party conducted on at 12:01pm, revealed that the Facility did not provide a 45-day written notice of discharge for Resident #1. Resident #1's Responsible Party stated that the Facility relayed verbally that Resident #1 need to be picked up immediately.

An interview, with the Admissions Coordinator conducted on at 02:45pm, revealed that the Facility initially determined Resident #1 to be appropriate to reside in the Facility and confirmed that Resident #1 had moved into the facility.

An interview, with the Administrator, the Director of Nursing, and the Admissions Coordinator conducted on at 03:00pm, revealed that the Facility did not issue a 45-day notice for the termination of

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residency to Resident #1. The Facility did not obtain a medical assessment to determine if Resident #1 was a danger to self or others. The Facility did not obtain a medical assessment to determine if Resident #1 needed 24-hour Nursing or care. The facility staff confirmed that Resident #1 was admitted on and discharged on via verbal notification to Resident #1's responsible party because the Facility felt Resident #1 was not appropriate.

Class III