STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**06/21/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018006144) was conducted at Brookdale Beckett Lake on . . . . . Brookdale Beckett Lake had a deficiency at the time of the investigation.

(License #10143)

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

Based on record review and interview, the facility failed to have a completed health assessment for one (Resident #2) of three residents sampled for health assessments.

Findings Included:

During a review of resident records on at 11:00 AM it was revealed resident #1 health assessment dated was not completed. The resident's date of birth on the front of the health assessment was missing and if the resident needed assistance with self administered of medication was not indicated, it was left blank.

During an interview with the Health and Wellness Director on at 4:00 PM it was confirmed that the Health Assessment was incomplete. A completed health assessment was not available.

Class III