STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	R 08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TITUSVILLE	**1800 HARRISON STREET** **TITUSVILLE, FL 32780**

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on , 2018. Brookdale Titusville, license #5758, had deficiencies at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED
Based on record reviews and interviews, the facility failed to ensure a health assessment form 1823 was correct and accurate for 3 of 6 sampled residents (#10, #13 and #14).

Findings:
1. Resident #10's record contained an undated 1823 health assessment form. Additionally, the top of pages one, two and four of the 1823 were incomplete, the address of the examiner was omitted and an addendum page did not contain the resident's name.

2. Resident #13's record revealed a facility admission date of . An 1823 health assessment form, dated , was missing the facility information on page one, whether the resident required assistance with medications was not answered, the printed name of the examiner was omitted and the examiner's signature and date were omitted from the addendum page.

3. Resident #14's record revealed a facility admission date of . An 1823 health assessment form, dated , was missing the facility information on page one of the form.

None of the resident's records contained documentation to indicate the facility contacted a health care provider to obtain the omitted information.

On at 11:30 a.m., the health and wellness director confirmed all of the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 1 of 6 sampled residents (#3) who required medication administration.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	R 08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TITUSVILLE	**1800 HARRISON STREET** **TITUSVILLE, FL 32780**

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

Findings:

Resident #3's record revealed a facility admission date of . A most recent 1823 health assessment form, dated , indicated he required medication administration and he had a diagnosis of .

Resident #3's 2018 MOR listed 50 microgram (mcg) tablet, give 1 tablet by mouth one time a day for . The medication was not signed as given on and . There was no documentation on the MOR or in his record to indicate why the MOR was not signed.

A health care provider's order summary, dated on , included an order for the 50 mcg daily.

On at 11:32 a.m., the health and wellness director confirmed the findings on the MOR. She said the staff gave the medication but failed to sign the MOR.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to have an approval letter for its emergency plan from the local emergency management agency annually.

Findings:
On at 10:30 a.m., a request was made to review the facility's approval letter for its emergency plan.

On at 10:45 a.m., the administrator said the facility did not have an approval letter for its emergency plan. She provided a letter from the county; dated that indicated the plan was received but not reviewed.

Class III