STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

An unannounced LNS monitoring survey in conjunction with complaint (CCR#2018002878) was conducted on , , 2018 at Brookdale Leesburg 2 (license #9624) in Leesburg, FL. Deficient practice was identified in Limited Nursing Survey. The complaint CCR#2018002878 was substantiated without deficiencies.

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

Based on record review and interview the facility failed to obtain an updated Health Assessment (AHCA form 1823) that reflected a change in condition for 1 of 3 residents (resident #1) sampled.

Findings:

Record review of Residents #1's chart revealed Resident #1 was admitted to Limited Nursing Services on after suffering a to right wrist. Further review of the record revealed an order dated for , care to right wrist per shift and as needed. The most recent Health Assessment (AHCA form 1823) for Resident #1 was dated .

An interview conducted on @ 9:30 AM with Staff A (Administrator) confirmed the AHCA 1823 form in Resident #1's chart was not accurate and updated. Staff A (Administrator) stated "no Ma'am there is no updated 1823 Form in the chart."

Class III