STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	09/20/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CITRUS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. NORVELL BRYANT HIGHWAY** **LECANTO, FL 34461**	

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

0000 - Initial Comments

On , 2018 through , 2018, an unannounced biennial abbreviated re-licensure survey was conducted at Brookdale Citrus Assisted Living Facility, license #5657, Lecanto, FL. Deficient practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to obtain an updated Health Assessment Form (1823) at least every 3 years after the initial assessment or after a significant change for 2 of 3 sampled residents (Resident #2 and Resident #7) .

Findings:

Record review of Residents #2's chart revealed that Resident #2's most recent Health Assessment Form (1823) was dated .

During an interview on at 2:00 PM, Staff E, Administrator, confirmed that there was no current health assessment form (1823) in Resident's 2 chart.

Record review of Residents #7's chart revealed Resident #7 had suffered from a to right arm with surgical repair on . Resident #7's health assessment form (1823) was dated .

During an interview on at 10:45 AM, Staff B, Health/Wellness Director, stated "Yes, there should be an updated 1823 in chart. I should have gotten a new 1823 when she returned to the facility."

Class III

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure an unlicensed staff member (staff A, Medication Technician) assist with self-administration of medications.

Findings:

On at 11:25 AM, Staff A, Medication Technician, was observed passing , 0.5 mg (1 tablet by mouth twice daily) to Resident #8. Staff A administered the medication by putting a spoon with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	**09/20/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CITRUS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. NORVELL BRYANT HIGHWAY** **LECANTO, FL 34461**	

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

yogurt and pill directly in Resident #8's mouth.

During an interview conducted on at 11: 50 AM, Staff A, Medication Technician, stated: "Resident #8 can't raise arms, so I administered medication. I am only supposed to assist with medications not administer medication. Administration is for the nurse to do not me."

During an interview conducted on at 12:10 PM, Staff B, Health and Wellness Director, stated: "Medication Technicians are only supposed to assist with medication. I have nurses in the building that can administer medication." Health and Wellness Director further stated: "Resident #8 is on hospice services and is declining rapidly, which is not an excuse for the medication to be administered by a technician."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure the medications stored securely in a locked medication cart.

Findings:

On at 11: 15 AM, an unattended medication cart was observed on Barrington Place Hallway that was unlocked. Staff A, Medication Technician, came up to cart after surveyor discovered the unlocked cart (photographic evidence obtained).

During an interview conducted on at 11:15 AM, Staff A, Medication Technician stated: "I stepped away from the cart to go after the dog that ran out of a resident . The cart should be locked."

During an interview conducted on at 12:10 PM, Staff B, Health and Wellness Director, stated: "Medication Technicians should keep medication cart locked."

Class III

0089 - /Other - Special Care - 429.178 FS

Based on observation and interview, the facility failed to have a physical environment that provides for the safety and welfare of the facility's residents in Claire Bridge Secure Unit of the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	**09/20/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CITRUS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. NORVELL BRYANT HIGHWAY** **LECANTO, FL 34461**	

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

Findings:

During the tour conducted on [redacted] at 10:40 AM in Claire Bridge Secure Unit, Resident #3's [redacted] observed empty and the door open. On the bedside table, a large pair of heavy duty toe nail clippers and sharp cuticle pusher tool was observed (photograpphic evidence obtained).

During the second observation of Resident #3's [redacted] at 2:15 PM, Resident #3 was resting in bed and large pair of heavy duty toe nail clippers and sharp cuticle pusher tool were still on the bedside table.

During an interview conducted on [redacted] at 2:26 PM, Staff C, Memory Care Supervisor, stated: "The Aides should have taken these out when they were in the [redacted] the bed. That is unacceptable."

Class III