

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922281	(X3) DATE SURVEY COMPLETED 11/13/2018
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

A complaint investigation (CCR #2018013494) was conducted at Westbrooke Manor (Lic. #6061) on Westbrooke Manor had deficiencies at the time of the investigation.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to notify the family members/responsible party of significant changes for four of four sampled residents (Residents # 8, 9, 10 and 11) who were hospitalized. .

Findings include:

A review of the following former residents during the 11/15/2018 investigation revealed the following:
Review of the admission and discharge log indicated that Resident #8 was discharged due to a need for a higher level of care. Although review of the record found that this individual had gone to the hospital on or about, documentation did not indicate when this resident had returned to the facility, if at all. Although interview with the resident care coordinator at 2pm on found that the resident had "gone out to the hospital sometime between and", no specific documentation had been entered into the record to reflect this activity; and

With respect to Resident #9, record review revealed that on, the resident "was found on the floor with a on the" There was no documentation whether a family member had been alerted to this situation. Further review of the file found a note indicating that the resident again had been found on the floor, with a hematoma noted the right forehead and The resident was sent out to a local hospital via ambulance. However, no documentation could be located as to whether a family member had been called.

Review of the following current residents during the same investigation revealed the following:

A review of Resident #10's file found instances from (upon the resident's admission to the hospital due to) and (. with injury), when the individual was sent out to hospital and there was no documented evidence that the facility had notified the resident's

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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family/representatives; and with respect to Resident #11, falling incidents resulting in hitting of the ... from ... and ..., the latter resulting in going to the hospital-- found no documented evidence that a family member had been notified of these events. In an interview with the administrator and resident care coordinator at 2:40pm on ..., they did not offer any clarification for these omissions other than to say that "we are communicating as much as possible with the families, although we may not be charting our efforts consistently." Class III 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS Based on observation and interview, the facility had not maintained an environment that was clean and free of pests, with respect to at least 5 of 7 residents interviewed (#1; 3;4;5;6). Findings included: Throughout the duration of the ... investigation from 9:45 AM- 4:45 PM, five (5) residents stated that they had been seeing roaches on a regular basis in their rooms and/bathrooms--usually in the evening or night time hours. Resident #6 complained that he had the insects in his bed and this made sleeping extremely difficult. During the tour beginning at 10:15 AM, what appeared to be a live insect was observed (photo attached). Interview with Resident #1 revealed that "they used to have a real bad problem with roaches about months or so ago, but although it's improved, they are still in the facility." Interview with facility administration at 2:30pm on ... provided no further clarification for this situation. Class III		