STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018008062) was conducted on at Brookdale Spring Hill Assisted Living Facility, Spring Hill, FL (License #9255). Deficient practice was identified at the time of the survey.

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

Based on interview and record review, the facility failed to ensure the resident health assessment (AHCA Form 1823) was accurate and complete for 1 of 3 residents sampled (Resident #6).

Findings:

On at 12:57 PM, an interview was conducted with Resident #6, who stated he was responsible for administering his own medications.

On , a record review of resident #6's health assessment (AHCA Form 1823) dated revealed that section 2-B in page 4 did not specify if the individual needed help with taking his medications, and the box reading "Needs Assistance with Self-Administration of Medications" was checked (See photographic evidence).

On at approximately 1:50 PM, an interview was conducted with Staff C (Licensed Practical Nurse). She confirmed that Resident #6 did not receive assistance with self-administration of medications from staff members and he did administer his own medications.

On at approximately 4:15 PM, an interview was conducted with staff D (Licensed Practical Nurse). She confirmed that Resident #6's Health Assessment (AHCA Form 1823) did not reflect accurate information and had not been updated since .

On at approximately 4:45 PM, an interview was conducted with staff B (Business Office Coordinator). Staff B confirmed that Resident #6 did administer his own medications. Staff B also confirmed that Resident #6 did not have an updated Health Assessment (AHCA Form 1823).

Class III

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

Based on observation and interview, the facility failed to ensure prescription medications were maintained in a safe and secure manner in the room of 1 of 49 residents (Resident #6).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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

On at 12:57 PM, an observation of Resident #6's room revealed a large notice on the door, which reads: "Attention All Staff ... Please do not lock this door per the request of Resident #6". Upon entering Resident #6's room, prescription medications were visible on and around resident #6's bed and on the bedside table, including USP (100,000 USP Units) and Solution 0.005%, prescribed for resident #6 (See photographic evidence).

On at 12:57 PM, an interview was conducted with Resident #6, who stated he did not have any medications in his room and those were the only ones people steal. He confirmed he never locked his door when he left his room, and stated his daughter did take him out to eat quite often. He also confirmed he did not keep his medications in a secured location.

On at 1:50 PM, an interview was conducted with Staff C (Licensed Practical Nurse), who stated she understood the concern about Resident #6 leaving his medications out in the open area and not securing his door. She stated she would discuss the concern with the administrator when she returned to the facility.

On at 4:45 PM, an interview was conducted with staff B (Business Office Coordinator), who confirmed she was aware that the medications should be secured and out of the sight of others.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	C 06/18/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SPRING HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10440 PALMGREN LN** **SPRING HILL, FL 34606**	

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Class III

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

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