STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964490	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 NORTH STREET** **DELAND, FL 32724**	

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

0000 - Initial Comments

A limited nursing services monitoring and complaint investation (CCR #2018013874) was conducted at Brookdale DeLand on , . Deficient practice was identified at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on facility record reviews and interview the facility failed to maintain an up-to-date admission and discharge log, listing the names of all residents admitted to and discharged from the facility.

The findings include:

On at 12:07 pm, a review was conducted of the facility's admission/discharge/transfer log, and it revealed six (6) discrepancies. Resident's #14 and #15 were on the current census, however, they were not listed in the log. Resident's #1, #11, #12, and #13 were not on the current census, however, they remained listed in the log.

On at 12:34 PM an interview was conducted with the Administrator in regards to the Admission and Discharge log and she confirmed that Resident #14 was not listed. She was asked about Resident #15, and confirmed she was also missing. She was then asked about Resident's #1, #11, #12, and #13 who were listed in the log but were not on the census, and she confirmed they were all discharged and/or not in the building.

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