STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

On , , a Limited Nursing Service (LNS)monitoring visit was conducted at Brookdale Oakbridge Assisted Living Facility in conjunction with a complaint survey (CCR#2018017271). At time of survey, the facility had deficient practice.

(License #7902)

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 interdisciplinary care plan for one hospice Resident (#3) of one sampled hospice resident.

Findings Included:

A record review for Resident #3 conducted on revealed that Resident #3's record did not contain an interdisciplinary care plan specifying the services being provided by hospice and those services being provided by the facility.

During an interview with the Health and Wellness Director conducted on at 12:45 PM, they confirmed that an interdisciplinary care plan from hospice was not in the resident's record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

SUMMARY STATEMENT OF DEFICIENCIES
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