STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	01/09/2019
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

A Complaint Investigation #2018015448 was conducted on . . . . . Brookdale Lake Orienta Assisted Living Facility with Limited Nursing Services (LNS); License #9795 had deficiencies at the time of the visit.

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

Based on resident record review and interview, the facility failed to ensure that the AHCA form 1823 Health Assessment was completed accurately by the healthcare provider for 2 of 7 sampled residents (#2 & #4) as required.

Findings:

1. Resident #2's record review revealed admission date of . . . . . An 1823 Health Assessment dated was not accurately completed by the physician on page 2 section C, question 5 was left blank, if the resident required 24 hour nursing or , , care. In further review, the type of medication assistance required was left blank on page 4. (Photographic evidence obtained)

2. Resident #4's record review revealed admission date of . An 1823 Health Assessment dated . . . . was not accurately completed by the physician on page 4 for type of assistance required was left blank. (Photographic evidence obtained)

On at 2:30 PM, an interview with the Health and Wellness Director confirmed the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to ensure the resident's had a signed medication informed consent form indicating if the unlicensed staff will or will not be overseen by a nurse for 3 of 7 sampled residents (#1, #2, #3) as required.

Findings:

1. Resident #1's record review revealed an informed consent dated . . . . . and signed but was not marked that unlicensed staff will or will not be overseen by a Registered Nurse (RN) or Licensed

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

Practical Nurse (LPN) with self-administration of medications. I

Review of the Health Assessment form 1823 dated completed by the healthcare provider revealed the resident requires assistance with self-administration of medications. (Photographic evidence obtained)

2. Resident #2's record review revealed an informed consent not dated and not marked if an unlicensed staff will or will not be overseen by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) with self-administration of medications.

The resident was admitted on . (Photographic evidence obtained)

3. Resident #3's record review revealed an informed consent not dated and not marked if an unlicensed staff will or will not be overseen by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) with self-administration of medications.

Review of the Health Assessment form 1823 dated completed by the healthcare provider revealed the resident requires assistance with self-administration of medications. (Photographic evidence obtained)

On at 2:45 PM, an interview with the Health and Wellness Director reviewed each form and confirmed the finding.

Class