

| | | |
|---|---|---|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810 | (X3) DATE SURVEY COMPLETED R 09/05/2018 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE CONWAY | STREET ADDRESS, CITY, STATE, ZIP CODE 5501 EAST MICHIGAN STREET ORLANDO, FL 32822 | |

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on 09/05/2018. Brookdale Conway, license #9286, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was complete and accurate for 2 of 5 sampled residents (#4 and 10).

Findings:

1. Resident #4's record revealed a facility admission date of 08/28/2018. A most recent 1823 health assessment form, dated 08/28/2018, did not contain the address and phone number of the provider.

The record did not contain documentation to indicate the facility contacted the provider prior to the revisit to obtain the omitted information.

On 09/05/2018 at 12:40 p.m. the health and wellness director confirmed the findings and said she only focused on whether the form was dated since that was the previous deficiency.

2. Resident #10's record revealed a facility admission date of 08/28/2018. A most recent 1823 health assessment form, dated 08/28/2018, was not answered as to whether she required assistance with her medications.

The record did not contain documentation to indicate the facility contacted the provider prior to the revisit to obtain the omitted information.

On 09/05/2018 at 12:55 p.m. the health and wellness director confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

| | | |
|---------------------------|---|--|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810 | (X3) DATE SURVEY COMPLETED R 09/05/2018 |
|---------------------------|---|--|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER BROOKDALE CONWAY | STREET ADDRESS, CITY, STATE, ZIP CODE 5501 EAST MICHIGAN STREET ORLANDO, FL 32822 |
|---|---|

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

Based on record reviews and interview, the facility failed to maintain a written record and failed to notify a health care provider and family when 1 of 2 sampled residents (#11) experienced an illness that resulted in a transfer to the hospital.

Findings:

Resident #11's record revealed a facility admission date of

Documentation in his record, dated, indicated he returned to the community status post hospital discharge. The record did not contain documentation to indicate why and when he was transferred to the hospital and no documentation to indicate a health care provider and family were notified of the transfer.

On at 1 p.m. the health and wellness director confirmed the finding and said resident #11 was transferred to the hospital on when he complained of chest pain and left arm tingling.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 1 of 6 sampled residents (#13) who required assistance with self-administered medications.

Findings:

Resident #13's record revealed a facility admission date of A health care provider's order, dated, indicated she required assistance with self-administered medications.

Resident #13's 2018 MOR contained an entry for tablet 5 milligram (mg.) give 1 tablet by mouth daily for From through, "09" was charted on the MOR. The chart codes on the MOR indicated that "09" equaled "other/see nurse's notes."

Documentation in her progress notes indicated that on and the facility was waiting on the pharmacy however, there was no documentation to indicate why "09" was charted on and

| | | |
|---|---|---|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810 | (X3) DATE SURVEY COMPLETED R 09/05/2018 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE CONWAY | STREET ADDRESS, CITY, STATE, ZIP CODE 5501 EAST MICHIGAN STREET ORLANDO, FL 32822 | |

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

On _____ at 1:50 p.m. the health and wellness director confirmed the findings and was unable to provide additional documentation.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on review of a medication package, record reviews and interviews the facility failed to ensure a medication container was properly labeled for a resident (#14) who received assistance with self-administered medications and failed to make every reasonable effort to ensure a prescription was filled in a timely manner for a resident (#13) who received assistance with self-administered medications.

Findings:

1. Resident #14's medication package for her _____ 325 milligram (mg) tablets revealed the prescribed directions for use were to give 1 tablet by mouth twice a day with meals however, the directions for use on her _____ 2018 Medication Observation Record (MOR) were to give 1 tablet by mouth three times a day. The medication package did not contain an alert label to direct staff to examine the revised directions for use on the MOR.

On _____ at 11:15 a.m. caregiver D confirmed the package did not contain an alert label and said she did not know why there was a discrepancy in the directions for use.

Resident #14's most recent 1823 health assessment form, dated _____, indicated she required assistance with self-administered medications. A health care provider's order, dated _____, indicated she was to be given _____ 325 mg, 1 tablet by mouth three times a day.

2. Resident #13's record revealed a facility admission date of _____. A health care provider's order, dated _____, indicated she required assistance with self-administered medications.

Resident #13's _____ 2018 MOR contained an entry for _____ tablet 5 milligram (mg.) give 1 tablet by mouth daily for _____. From _____ through _____, "09" was charted on the MOR. The chart codes on the MOR indicated that "09" equaled "other/see nurse's notes." Documentation in her progress notes indicated that on _____ and _____ the facility was waiting on the pharmacy however, there was no documentation to indicate why "09" was charted on _____ and _____.

Resident #13's record did not contain documentation to indicate the facility made any efforts to ensure

