

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/25/2021
NAME OF PROVIDER OR SUPPLIER BROOKDALE PHILLIPPI CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 5501 SWIFT ROAD SARASOTA, FL 34231		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey was conducted on through at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. This was a follow-up to the complaint survey completed on The following is a description of the deficiency.	{A 000}		
{A 028}	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to offer toileting and care as needed in the memory care unit for 11 residents (Residents #15, #16, #17, #18, # 19, # 20, # 21, #22, # 23, # 24, and # 3, and) out of 12 residents reviewed. The findings included: On at 9:50 a.m., during a tour of the memory care unit 12 residents (Residents #15, #2, #3, #16, #17, #18, #19, #20, #21, #22, #23 and #24) were observed sitting the unit living room for a singing activity. The residents were observed from 9:50 a.m. until 11:25 a.m. when they were taken to the dining room for lunch. During the time of observation the residents were not assisted with toileting or checked and	{A 028}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PHILLIPPI CREEK

**5501 SWIFT ROAD
SARASOTA, FL 34231**

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{A 028}	Continued From page 1 changed if needed for Review of documentation of staff duty check list provided indicates: "Toilet residents when you wake them, at 10:00 am and at 1:00 pm." On at 12:15 p.m., Resident #18 was observed being taken from the dining room and brought . . . to the unit living room to watch television. Resident #18 was not assisted with toileting or checked and changed as needed for . On at 12:18 p.m., Resident #17 was observed being taken from the dining room after lunch, then brought in the unit's living room to watch television. Resident #17 was not assisted with toileting or checked and changed as needed for On at 12:20 p.m., Resident #19 was observed being taken from the dining room after lunch to her room, and left in the doorway of the room. Resident #19 was not assisted with toileting. Resident #19 into the hallway and was escorted to the unit living room with other residents to watch television. There was no assistance with toileting, nor was the resident checked and changed as needed for . On at 12:30 p.m., Residents (#15, #16, #20, #21, #22, #23, #24, and #3) who were in the dining room for lunch, were brought . . . to the unit living room to watch television. The residents were observed from 12:30 p.m. until 1:25 p.m. During that time the residents were not assisted with toileting or checked and changed as need for	{A 028}		

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{A 028}	Continued From page 2 On at 2:15 p.m., during an interview, Staff D acknowledged that residents should be toileted or checked and changed for several times during their shift. Staff D said she is aware the residents were not toileted, checked and changed for after participating in the singing activity, before lunch, after lunch, and before being taken into the unit living room to watch television. Record review of Resident's #2, #15, #16, #19, #22, #23, and #24 Personal Service Plan revealed they are of and Record review of Residents # #17, #19, #20, #22, and #23 Health Assessment (1823) revealed they required assistance or total care with toileting per their health care provider order. On at 11:55 a.m., the Wellness Director acknowledged that residents in the memory care unit should be toileted or checked and changed every 2 hours while awake, before meals, after meals, and at bedtime. Class III	{A 028}			