Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932514	A. BUILDING: _____ B. WING _____	01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	85 BULLDOG BLVD. MELBOURNE, FL 32901

(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 A complaint survey for #2022015842, 2022016690 & 2022017544 was conducted on and at The Brookshire Assisted Living Facility. Deficiencies were identified at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932514	A. BUILDING: _____ B. WING _____	01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	85 BULLDOG BLVD. MELBOURNE, FL 32901

(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 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to ensure the Medication Observation Record (MOR) was complete and did not contain omissions for 2 of 4 residents sampled (#5 and #7). Findings: On a review of resident #5 record revealed he was admitted on . His record contained a Resident Health Assessment form (1823) dated . His diagnoses included , hypertrophy, , and alert with . Independent with all ADL's. Assist with self-administration of medication. Review of resident #5 Medication Observation Record (MOR) revealed a physicians order for 2mg 1 tab by at bedtime. The was documented on the MOR as administered on , , , , , , , , and . The disposition sheet did not contain documentation of being removed from count sheet. A review of resident #5 count sheets revealed counts were accurate. On at 3pm in an interview with the DON, she confirmed the MOR did not contain accurate documentation. She said when she was auditing the MOR's, they did not go to , or . They started the audits in . 2. On a review of resident #7 record revealed she was admitted on . Her	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932514	A. BUILDING: _____ B. WING _____	01/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BROOKSHIRE	85 BULLDOG BLVD. MELBOURNE, FL 32901

(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 054	Continued From page 2 record contained an 1823 dated . Her diagnoses included right , , and . She required supervision with bathing. She was independent with all other activities of daily living. Required assistance with self-administration of medication. Review of resident #7 MOR revealed a physician's order for 5mg every 8 hours as needed for non-acute , and 1mg twice a day as needed for . The was signed off of the count sheet on , , , , and . The residents record did not contain documentation medication was administered on those dates. Further review of residents MOR revealed 1mg was signed off of the count sheet on , , and . The residents MOR did not contain documentation medication was administered on those dates. A review of resident #7 count sheets revealed counts were accurate. On at 1:35pm the regional nurse said in interview, the facility had "sloppy practice." The nurses and medication techs were not signing or documenting when they gave medications. Class III	A 054		