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
	AL11953298	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE TAVARES	1211 E CAROLINE STREET TAVARES, FL 32778

(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 re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring was conducted at Brookdale Lake Tavares on through . Deficiencies were identified at the time of the survey.	A 000		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 036		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 036	Continued From page 1 failed to ensure staff maintained control procedures before and after contact with residents during assistance with the self-administration of medication for 2 of 3 residents observed, Resident #3 and Resident #13. Findings include: During an observation on , at 12:58 PM of assistance with self-administration of medication for Resident #13, Staff D, LPN did not perform hygiene before taking the medication out of the sealed package or after giving it to the resident. During an observation on at 1:09 PM of assistance with self-administration of medication for Resident #3, Staff D, LPN did not perform hygiene before taking the medication out of the sealed package or after giving it to the resident. During an interview on at 1:15 PM, Staff D, LPN stated she forget to sanitize her before and after giving the medication to Resident #3 and Resident #13. During an interview on , at 10:42 am, the Health and Wellness Nurse stated her expectations are for staff to wash before and after assisting residents with administering medications. Class III	A 036		