STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	01/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookshire (the)	85 Bulldog Blvd. Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint inspection #2013011633 was conducted.

The facility had deficiencies found during the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review the facility failed to ensure a written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, or other changes which resulted in the provision of additional services were maintained for 1 of 4 sampled residents (#3).

Findings:

Resident #3 had a health assessment dated that listed diagnoses of , gait instability, and chronic back pain. She was independent with all the activities of daily living. Assistance was needed with self-administration of medication and a low fat diet.

Facility notes indicated that on

the resident re-admitted at 3:45 PM. Faxed new order for to pharmacy.

7 PM returned to unit with a in place.
Will go to doctor's office for 3 times a week. Daughter will accompany.

3-11 Writer was informed by another resident that the resident was admitted to the hospital this evening

resident returned to facility at 7:30 PM stated had already.

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. . . . . Resident return to facility with daughter. Called doctor, was told by on -call doctor to use Medication Administration Record (MAR) from hospital until tomorrow.

Continued record review revealed no notations that documented what significant changes in the resident's health and what happened that necessitated the resident to be transferred to the hospital. The notations only documented the return from the hospital, not the departure to the hospital.

In an interview with the Director of Nursing, on . . . . . at approximately 1:30 PM, she stated there were no additional notes regarding the hospitalizations.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview the facility failed to maintain an up-to-date Medication Observation Records (MOR) for 1 of 4 sampled residents (#3).

Findings:

Resident #3 had a health assessment dated . . . . . that listed diagnoses of . . . . . gait instability, ... and chronic back pain. She was independent with all the activities of daily living. Assistance was needed with self-administration of medication and a low fat . . . . . diet. Prescription dated . . . . . indicated . . . . . 50 mg twice daily. A hand written note on the bottom of the page indicated "Faxed . . . . . and staff initials

The . . . . . 2013 Medication Observation Record (MOR) listed . . . . . 50 mg twice daily at 9 AM and 9 PM and was marked as given , from 9/1 to . . . . . at 9 AM and 9/1 to . . . . . @ 9 PM . The MOR was blank on . . . . and . . . . in the PM and a hand written note indicated "order changed . . . . . The Back page of the MOR did not make any notations as to why the medication was not given.

In an interview with the Director of Nursing, on . . . . . at approximately 1:30 PM, she offered no comment.

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times, out of sight of other residents, for 9 of 10 random sampled residents (RS #1, 2, 3, 4, 5, 6, 7, 8, 9, 10) and 1 of 4 sampled resident (#1).

Findings:

Observations on at approximately 6 AM noted the nurse used a treatment/medication cart. She unlocked the cart and opened the doors. The doors folded to each side. She went from resident resident did not lock the medication/treatment cart again. She placed the open side against the wall when she went to a resident's Residents and a lab technician were observed walking by the cart.

In an interview with the Director of Nursing on at approximately 1:30 PM, she offered no comment.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, record review and interview the facility failed to make every reasonable effort to ensure that prescriptions for 1 of 4 sampled residents (#3) who received assistance with self-administration of medication or medication administration were filled or refilled in a timely manner.

Findings:

Resident #3 had a health assessment dated that listed diagnoses of gait instability, and chronic back pain. She was independent with all the activities of daily living. Assistance was needed with self-administration of medication and a low fat diet.

Telephone order dated indicated to discontinue 100 mg start 50 mg one daily.

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Health First discharge instructions dated [redacted] indicated diagnosis of chest pain. The instructions were to follow up with primary care provider and [redacted] 2-3 weeks. The list of medications included [redacted] 50 mg twice daily. A prescription dated [redacted] indicated [redacted] 50 mg twice daily. A hand written note on the bottom of the page indicated "Faxed [redacted]" and staff initials.

The [redacted] Medication Observation Record (MOR) listed [redacted] 50 mg one daily at 9 AM. The MOR has staff initials on [redacted] and [redacted] and staff initials circled from [redacted] to [redacted]. The back page of the MOR indicated from [redacted] to [redacted] and on [redacted] and [redacted] the medication was not available.

In an interview with the Director of Nursing, on [redacted] at approximately 1:30 PM, she stated that [redacted] was a controlled substance and in order to get a refill a hard copy of the prescription was needed, even when the doctor prescribed refills. She added the staff should reorder [redacted] medications 10 -14 days before they are finished.

Class III

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Brookshire (the)
85 Bulldog Blvd.
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2013011633

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2014,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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