STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	06/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	

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

0000 - Initial Comments

An unannounced Relicensure Survey with Limited Nursing Services (LNS) Survey was conducted on [redacted] and [redacted] at Brookdale Jensen Beach. The facility had deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interviews, the facility failed to ensure unlicensed staff whom assisted residents with self-administration of medications maintained required standards of practice for 1 of 8 sampled Residents (#16) by improperly assisting a resident with self-administration of eye drops.

The findings include:

Review of Resident #16's medication record disclosed an order for Opcon eye drops, two drops in each eye daily. Observation of medication assistance conducted [redacted] at 9:02 AM with Resident #16 and Employee H, a Medication Technician (MT) revealed the following. The MT washed hands and donned gloves and brought the resident's eye drops and a tissue to the resident who was sitting at a dining [redacted]. She asked him to tilt his head back and he did. She gave him the bottle of eye drops, and wrapped her hand around his as he held the bottle. She asked him to pull his lid down and apply the drops to his eye. The resident was hesitant, did not appear comfortable with the procedure and resisted at times. The MT guided his hand with the bottle toward his eye and several drops came out of the bottle, some ran down the side of the nozzle and some [redacted] on the resident's cheek.

This writer brought this to the attention of the facility's Health and Wellness Director, a registered nurse, at the time of observation. She observed the MT repeat this procedure with the resident's other eye. She stated it was not the proper technique and discussed this with the MT at that time.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations, interviews and record review, the facility failed to ensure medications belonging to a resident who received assistance with self-administration of medications were properly secured and accompanied by written orders from a Health Care Provider (HCP) for 1 of 6 sampled Residents (#23).

The findings include:

During observation of medication assistance for Resident #23 conducted [redacted] at 10:22 AM, several containers of medications were observed stored on top of the toilet tank in the resident's [redacted]. Review of her [redacted] medical examination (AHCA Form 1823) documented she required assistance with self-administration of medications. Upon return to this resident's [redacted] at 10:38 AM with the facility's Health and Wellness Director, the following medications were observed and removed with the resident's permission (photographic evidence obtained):

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	**06/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE JENSEN BEACH	**1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957**	

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

0055 Continued From page 1

1. Doctor Scholl's foot powder
2. [illegible] 50%
3. Two bottles of [illegible] solution 3%
4. Ephrine nose drops with [illegible] HCl 1.0%
5. [illegible] sinus nose drops with [illegible] HCl
6. [illegible] solution
7. Bayer [illegible] 325 milligrams
8. [illegible] lotion
9. [illegible] 70%
10. [illegible]
11. Two bottles of [illegible] liquid
12. [illegible] and pain relief tablets

Subsequent review of Resident #23's records revealed no written HCP orders for the above medications. In an interview conducted at time of observation, the Health and Wellness Director acknowledged the resident should not have these medications in her [illegible] they have written orders from a HCP to do so. She further acknowledged facility staff should monitor resident's [illegible] for items such as these to maintain resident safety.

Class III

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

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration followed written Health Care Provider (HCP) directions for 5 of 8 sampled Residents (#17, 18, 21, 23 and 23).

The findings include:

During review of the facility's medication systems conducted [illegible] and [illegible] the following concerns were identified:

1. Review of Resident #17's most recent medical examination (AHCA Form 1823) documented she required assistance with self-administration of medications. She was observed receiving assistance with self-administration of medications by an unlicensed Medication Technician (MT) on [illegible] at 9:25 AM. A written HCP order dated [illegible] called for One-a-day women's [illegible] tablet daily. Observation of the bottle label revealed she received a [illegible] with [illegible] which did not match the HCP order. Another written HCP order dated [illegible] called for [illegible] anti-di[illegible] caplets 2 milligrams (MG), take 1-2 tablets three times daily as needed for [illegible] The as-needed order cannot include orders that require the MT to use their own discretion.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	06/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	

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

0056 Continued From page 2

2. Review of Resident #18's medical examination (AHCA Form 1823) documented he required assistance with self-administration of medications. On at 9:15 AM, he was observed to receive assistance from a MT with self-administration of the following medication. Review of his medication record revealed a written HCP order dated calling for 600 MG with D 400 MG twice daily. Observation of the bottle label revealed he received 600 MG with D 800 MG which did not match the HCP order.

3. Review of Resident #21's medical examination (AHCA Form 1823) documented he required assistance with self-administration of medications. On at 9:03 AM, he was observed to receive assistance from a MT with self-administration of medications. Review of his records revealed a written HCP order dated calling for Sucralfate 1 gram four times daily. Review of the bottle label revealed a matching order. Review of his Medication Record revealed the following dosing schedule: 9:00 AM, 1:00 PM, 5:00 PM and 9:00 PM which did not match the HCP order.

4. Review of Resident #22's medical examination (AHCA Form 1823) documented she required assistance with self-administration of medications. Review of her medication records revealed a HCP order calling for 0.25 MG twice daily and 25 MG every morning. On at 10:20 AM she was observed to receive assistance from Employee H, a MT, with self-administration of medications who crushed doses of and prior to assisting with them. Further review of Resident #22's medication records revealed no written orders calling for these medications to be crushed.

5. Review of Resident #23's medical examination (AHCA Form 1823) documented she required assistance with self-administration of medications. Review of her medication records revealed a written HCP order calling for 12.5 MG every morning. On at 10:22 AM, she was observed to receive assistance from Employee I, a MT, with self-administration of medications. The MT approached the resident and stated she was going to give her her The MT looked at the pill and stated she had to cut it. She presented an small unscored pill to this writer and stated it was a 25 MG pill and has to be cut in half but she forgot her cutter. We returned to the medication cart the MT retrieved her pill cutting tool but stated she better have the nurse cut the pill. She brought the pill and the tool to a nurse who attempted to cut the pill in half. The nurse presented the cut pill but it was not evenly cut and if given, the resident would receive an incorrect dose. The nurse gave the cut pill and tool to the MT and the MT returned to her medication cart. The MT then stated she wasn't sure if she was supposed to give the cut pill to the resident and went back to the nurse for guidance. When she returned she stated the nurse instructed her to not give the cut pill to the resident but to hold this dose and she would seek an alternate from the resident's HCP such as scored pills or a 12.5 MG dose. The MT proceeded to document the incident on the resident's medication record form.

These concerns were discussed with and acknowledged by the facility's Health and Wellness Director, a registered nurse, on at 3:03 PM and on at 10:42 AM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

AMENDED LETTER

, 2015

Administrator
Brookdale Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

Dear Administrator:

This letter reports the findings of a State Relicensure Survey and Limited Nursing Services Survey that was conducted on , 2015 by a representative from 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an onsite visit after to verify that the necessary corrections are in place to correct the deficiencies identified in 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida