

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965054	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTHDAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 WEST BEARSS AVENUE TAMPA, FL 33618	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2015003524 & CCR# 2015004738, were conducted on _____, in conjunction with a limited nursing services (LNS) monitoring visit.

The Brookdale Northdale, assisted living facility, had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based upon record review & interview, the facility failed to demonstrate that they initiated actions to prevent the development or worsening of pressure sores & informed the responsible party of the resident's change in condition for 1 (#1) of 1 residents reviewed for change in condition concerns.

Findings are.

A review of the medical record (facility progress/service notes, home health progress notes, Hospice & physicians orders) for Resident #1, admitted on _____ & discharged on _____, revealed the resident was admitted with a diagnosis of Parkinson's _____, CVD, _____ & _____.

According to the 1823, dated _____, the resident had no pressure sores. A review of the facility "Resident Baseline & Data Set," dated _____, under the portion pertaining to "skin baseline evaluation" revealed it to note that there were "no skin conditions." Both documents were apparently inaccurate since, according to information obtained during interview with the facility LPN at approximately 1:30pm, both herself & the facility DON were made aware the resident had a pressure _____ by the sending facility prior to admission. The facility LPN said that they went to the sending facility (rehab facility) to view the _____ prior to admitting the resident.

Review of the home health agency progress notes & physicians orders revealed the pressure _____, located on the resident's right _____, was being monitored & treated. The home health/ _____ care agency notes reflected the pressure _____ would resolve/heal then present again as an excoriated area (from _____ through _____. In addition, home health/ _____ care agency notes reflected on _____ that a small area on the resident's right heel was eschar/dry. Facility service/progress notes, dated _____, reflected that the resident was to be followed by a physician weekly & that the pressure _____ on the right _____ was resolved, and the right heel has old dried _____ skin. On _____, progress notes reflected the right heel _____ was dry & was cared for by home health agency 2 times per week. On _____, the right heel was noted to have a new open area to the right side of the dried _____ with home health care to providing treatment/dressing. On going facility progress notes reflected (through _____) that care was being provided by the home health agency for _____ care & the _____ id(s) were improving, although, which location was not specified. On _____, facility service/progress notes reflected _____ size has increased slight odor present reddened around _____. Resident placed on Doxycycline for 10 days." _____ notes reflected that the _____ on left heel was stable, size the same. On _____, notes state that the

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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resident had a left heel (new) open area. Upon admission to the hospital, the resident's wounds were noted to be unchanged on heels & from notes it appears that the on the resident's had re-opened.

While facility progress notes did indicate the facility was aware of the resident's pressure areas & interventions/treatment by the home health agency providing care, there was no indication in the facility progress notes of interventions initiated by the facility in order to prevent the re-occurrence of pressure sores. There was no documentation related to any procedures taken to elevate pressure by monitoring or re-positioning the resident as needed. In addition, the progress notes did not reflect that the resident's responsible party was informed of the resident's condition related to the development of & location of pressure sores.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Northdale
3401 West Bearss Avenue
Tampa, FL 33618

RE: LNS monitoring Visit, CCR# 2015003524 & CCR# 2015004738

Dear Administrator:

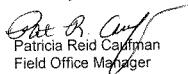
This letter reports the findings of a limited nursing services (LNS) monitoring visit and two complaint surveys that were conducted on 11/11/2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiency to the Field Office no later than 12/11/2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid-Caplan
Field Office Manager

PRC/kpr
Enclosures: State (5000-3547) Forms

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