STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965054	07/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE NORTHDALE	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 nd(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 Doxyclycline for 10 days." notes reflected that the on left heel was stable, size the same. On , notes state that the

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0025 Continued From page 1

resident had a left heel [redacted] (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 [redacted] on the resident's [redacted] 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 , 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 , 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 Caufman
Field Office Manager

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

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