**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965054 | R |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE NORTHDALE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3401 WEST BEARSS AVENUE**<br>**TAMPA, FL 33618** | |

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

**0000 Initial Comments**

ASSISTED LIVING FACILITY

Brookdale Northdale had 1 uncorrected deficiency and 1 new deficiency found at the time of the visit.

A Revisit to 7/1/15 Complaint CCR# 2015004738 was conducted on /15.

**0010 Admissions - Continued Residencv**

Based on interview and record review, the facility failed to maintain required, updated Florida Health Assessment- AHCA Form 1823 documenting a significant change in condition for 2 (Resident #2 and #3) of 3 records reviewed.

Findings include:

A Revisit to the 7/1/15 Complaint CCR# 2015004738 was conducted on /15.

A review of resident records was conducted on /15. Resident #2 was admitted to the facility on 2/ . Resident #2 ' s most recent Florida Health Assessment- AHCA Form 1823 (1823 Form), dated 9/ , shows diagnoses of .

The facility ' s Service Notes dated show that the resident slid out of her wheelchair. The resident was transported to the hospital and her daughter and doctor were notified. Service notes dated indicate that the resident returned on that date.

Service Notes for Resident #2 dated states that an order for hospice was placed. Family notified and consult will be completed. There were no further Service Notes on record or indication if the resident was admitted for hospice care.

An interview took place at 3:06 P.M. on with the Wellness Director. The Wellness Director stated that Resident #2 was admitted in to hospice care. The Wellness Director went through Resident #2 ' s record and did not find further information indicating that the resident was admitted for hospice care. The facility records did not contain an updated 1823 Form indicating a change in condition for Resident #2. The most recent 1823 Form presented was dated / / .

A review of resident records on shows that Resident #3 was admitted to the facility on / .

**AGENCY FOR HEALTH CARE ADMINISTRATION**

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SUMMARY STATEMENT OF DEFICIENCIES
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The 1823 Form dated / shows diagnoses of , , , . The 1823 Form also indicated that the resident does not have any 3, or 4 pressure sores.

A review of the facility ' s Service Notes for Resident #3 dated and signed by the Wellness Director indicate that his re-opened as assessed by his contracted home health company.

An interview took place at 2:16 P.M. on / with the LPN from the home health company providing care for resident #3. LPN stated that Resident #3 has a pressure located on his left hip. She stated that this was staged by their RN. She stated that the resident had this issue prior in the same location. At approximately 2:50 P.M., LPN provided documentation entitled, " Record Report " indicating a history with the state described as acute.

A review of Resident #3 's 1823 Form shows a date of / . The development of a pressure is considered a significant change in condition and a face to face medical examination and a new 1823 Form is required to be completed.

An interview was conducted with the Substitute Administrator on stating that new 1823 Forms were not presented for the 2 residents who had significant changes in condition.

Class III

**0025 Resident Care - Supervision**

Based on interview and record review, the facility failed to demonstrate that they initiated actions to prevent the worsening of pressure sores and informed the responsible party of the resident ' s change in condition for 1 (Resident #3) of 3 resident records reviewed for change in condition.

Findings include:

A Revisit to the 7/1/15 Complaint CCR# 2015004738 was conducted on .

During a resident record review, the facility ' s " Service Notes " showed an entry on Resident #3 ' s record dated indicating that the resident ' s reopened as assessed by the

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| | AL11965054 | R 08/27/2015 |
| NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTHDALE** | 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)

home health company. This was signed by the facility ' s Wellness Nurse. There was no indication in the notes that Resident #3 ' s responsible party was notified of his change in condition.

A review of the facility ' s " Assisted Living Open Area Flow Sheet " shows documentation dated signed by the Wellness Nurse. The form indicates Resident #3 ' s site location as a left hip. The drainage type circled on the form is " serious " . The form indicates that the primary provider is home health.

A review of prior entries on Resident #3 ' s Service Notes dating back to // indicates a late entry of a left hip with healthy tissue, no odor, small amount of drainage.

The entry for on the Service Notes states that the left hip has resolved.

The last entry prior to / is dated and reads, " Residents condition resolved. No c/o any discomfort. " and signed by the Wellness Nurse. There was no indication in the notes dated stating what steps were being taken to prevent the reoccurrence of the pressure . Service Notes dated show no indication of what steps the facility staff is taking to prevent the worsening of the pressure or notification of the resident ' s responsible party.

An interview took place at 2:16 P.M. on / with the LPN from the home health company providing care for resident #3. LPN stated that Resident #3 has a pressure located on his left hip. She stated that this was staged by their RN. She stated that the resident had this issue prior in the same location. At approximately 2:50 P.M., LPN provided documentation entitled, " Record Report " indicating a history with the state described as acute.

An interview with Resident #3 ' s ARNP took place at 2:19 P.M. ARNP stated that Resident #3 ' s pressure came back recently and he has thin skin.

Records indicate that Resident #3 was admitted to the facility on . A review of Resident #3 ' s most recent Florida Health Assessment- 1823 Form (1823 Form) is dated // . The 1823 form shows diagnoses of , , , , , , generalized . The 1823 Form also indicates that Resident #3 does not have any , 3, or 4 pressure sores.

An interview took place at 3:08 P.M. on with the Wellness Nurse and Substitute Adminsitrator. The Wellness Nurse stated that Resident #3 used to be on hospice care but was discharged. The lack of documentation concerning Resident #3 ' s change in condition and notifying the responsible party was discussed. The Wellness Nurse stated that those are the most current notes.

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Northdale
3401 West Bearss Avenue
Tampa, FL 33618

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

**All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: (State Form 5000-3547)

St. Petersburg Field Office
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