RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale Canopy Oaks
9070 Sw 80th Ave
Ocala, FL 34481

RE: CCR #2016010037

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 deficiencies 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	11/10/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CANOPY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9070 SW 80TH AVE** **OCALA, FL 34481**	

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

0000 Initial Comments

On 10, 2016, a complaint investigation (CCR #2016010037) survey was conducted at Brookdale Canopy Oaks (facility license number 9441). During the investigation deficient practice was identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to provide a decent living environment for 27 of 27 residents in the memory care unit.

Findings:

On / at approximately 10:30 AM, a tour was conducted of the memory care serving kitchen. During the tour it was observed to be 4 live roaches in the kitchen (pictures taken of two of them).

On / at approximately 10:40 AM, an interview was conducted with the maintenance supervisor. He stated there is a pest control company, Ecolab, that comes to the facility and sprays one a month. Ecolab services the residents' bug problems and he sprays the core areas, like the kitchens and dining .

On / , a record review was conducted of the pest control service log. On / , a service request was made for roaches for the memory care dining table and the memory care dining the memory care kitchen. The log shows on / , it was documented that sprayed for roaches on dining table, may be other areas in dining memory care kitchen.

Class III

0053 Medication - Administration

Based on observation and interview, the facility failed to have a licensed practitioner administer medication for 1 of 3 residents (Resident #10).

Findings:

On / at approximately 1:42 PM, an observation was made with unlicensed staff, Staff G, who was supposed to assist Resident #10 with self administration of medication. Staff G retrieved Resident #10's medication from the medication cart and took the medication into the resident's a pill

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	**11/10/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CANOPY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9070 SW 80TH AVE OCALA, FL 34481**	

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

crusher. After staff read the medication name she crushed the resident's medication and placed it into a small cup with a spoonful of yogurt. Staff mixed the medication with the yogurt and fed it to the resident. The resident did not participate in the process at all.

On / at approximately 1:45 PM, Staff G was questioned concerning Resident #10 taking her own medication. Staff G stated the resident cannot always take her medication by herself. She stated yes, she knows the difference between administration and assistance with self-administration of medication. She stated assistance is when you do hand over hand with the resident. Staff G stated yes, she administered Resident #10's medication to her.

Class III