

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 01/10/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE ATRIUM WAY 1	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 ATRIUM WAY JACKSONVILLE, FL 32225	

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

0000 Initial Comments

A complaint investigation (CCR 2016012113) was conducted at Brookdale Atrium Way 1 (License #7109) on 1/10/17. Brookdale Atrium Way 1 had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on record review and staff interview the facility failed to ensure the Health Assessment of 1 out of 3 sampled residents (#3) was complete, indicating if the facility could meet the needs of the resident and what type of assistance the resident required for medication administration.

The findings include:

Review of Resident #3's Medication Observation Record (MOR) revealed the resident was ordered several medications. The word 'Self' was handwritten across the page for each of the resident's medications, indicating the resident was self-administering her own medications. Photo obtained.

Review of the Health Assessment, Agency for Health Care Administration form 1823 dated 1/10/17 revealed Section 1-D Health Assessment was blank and Section 2-B-Self-Care and General Oversight Assessment-Medications was blank. Photo obtained.

During an interview with the Health and Wellness Director on 1/10/17 at 3:05 pm she reviewed the MOR for Resident #3 and stated that the word 'Self' did indicate she was self-administering her own meds. She reviewed the health assessment and stated she was not aware the form was incomplete. She stated she would not have been able to determine by the health assessment if the resident had been assessed correctly for self-administration of medications.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and staff interview the facility failed to ensure that adequate health care and services were provided to meet the needs of 1 out of 3 sampled residents (#1) when the facility failed to obtain vital medical information regarding the laboratory results to determine the continued administration of one medication and to consult with the resident's physician regarding the results. Additionally, the facility failed to ensure Resident #1 received medications as ordered by her physician. The findings include:

1. Record review of Resident #1 revealed that she was getting services at the company's Skilled

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Nursing Facility (SNF) from _____ to _____, On _____, she was admitted to the Assisted Living Facility (ALF) section of the facility.
From _____ to _____, she was in the Assisted Living side of the facility, but was sent to the Emergency _____ an acute care hospital after her physician discovered her International Normalized Ratio (INR) was 15 (critically high) on a laboratory report.
A review of the records from the facility Resident #1 transferred from _____ showed an order to obtain labs for Prothrombin time/ International Normalized Ratio (_____ /INR) on _____. The order was to do _____ /INRs on Mondays and Thursdays.
Review of the laboratory results dated _____ / _____ for Resident #1 revealed the resident's _____ level was 29.0 (High) and the INR level was 2.65. Copy obtained.
Review of the laboratory results dated _____, the day she transferred to the ALF, revealed the resident's _____ level was 67.2 (High) and the INR level was 6.00 (High). Copy obtained.
During an interview with the Director of Nursing (DON) from the SNF Resident #1 transferred from on _____ / _____ at 2:50 PM, she stated that the labs for _____ /INR were ordered. Then because the results were high the physician ordered to hold the _____ on _____. The _____ was held for one day then she discharged to the ALF on _____. She confirmed that the SNF did not have documentation to show the ALF followed up for clarification on any orders for the _____ /INR.
During an interview with the Health and Wellness Director on _____ / _____ at 3:05pm she reviewed the labs, health assessment and the MOR for resident #1 and stated she did not remember any discussion about the _____ /INR levels for the resident. After further review, at 3:25 PM she referenced a copy of the lab results dated _____. She stated she did not call the physician to inquire about whether there would be a new order to hold the _____.

2. Resident #1's physician's orders prior to admission to the ALF revealed she was ordered _____ 3 milligrams (mg) (_____), with 1 tablet to be given by mouth in the evening every Monday and Thursday for prophylaxis. The start date was documented as _____. There was additional information to hold the medicine from _____ to _____.
She was ordered _____ 5 mg., with 1 tablet to be given by mouth in the evening every Sunday, Tuesday, Wednesday, Friday and Saturday for A- _____. The start date was documented as _____.
Instructions were to hold _____ on _____.
She was also ordered _____ Cream 1% on _____. Instructions were to apply it to _____, pubic area, back _____ two times a day for _____ for 14 days, starting _____.
Review of the Medication Observation Record (MOR) dated _____ through _____ revealed the resident did not receive _____ as ordered on on Monday (a day where she was to get 3 mg) _____. The MOR was blank on the back.
There was an additional missed dose on Tuesday (a day where she was to get 5 mg) _____ as ordered.
Records at the ALF show the resident did not receive the _____ Cream that was start on _____.

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The order was transcribed as an as needed medication instead of a scheduled medication. Copy obtained.

In an interview with the Health and Wellness Director at the ALF on 1/10/17 at 3:05 PM, she was asked to review the documentation for Resident #1.

She stated that there had been no follow up with the SNF or Resident #1's doctor and the ALF nurses just took the orders off of her 1823 and transcribed them onto her MOR.

The MOR was reviewed with her and she confirmed that the resident did not receive her _____ as ordered on _____ and _____. She could not explain why the medication was not given. She acknowledged the error with the order for _____ Cream 1%, saying it was actually a scheduled medication, not just as needed, and the resident did not receive it while she was admitted to the facility. Class III

0052 Medication - Assistance with Self-Admin

Based on record review and staff interview the facility failed to ensure that a medication ordered by the physician for 1 out of 3 sampled residents (#1) was administered as ordered.

The findings include:

Resident #1's physician's orders prior to admission to the ALF revealed she was ordered _____ 3 milligrams (mg) (_____), with 1 tablet to be given by mouth in the evening every Monday and Thursday for prophylaxis. The start date was documented as _____. There was additional information to hold the medicine from _____ to _____.

She was ordered _____ 5 mg., with 1 tablet to be given by mouth in the evening every Sunday, Tuesday, Wednesday, Friday and Saturday for A-_____. The start date was documented as _____. Instructions were to hold _____ on _____.

She was also ordered _____ Cream 1% on _____. Instructions were to apply it to _____, pubic area, back _____ two times a day for _____ for 14 days, starting _____.

Review of the Medication Observation Record (MOR) dated _____ through _____ revealed the resident did not receive _____ as ordered on on Monday (a day where she was to get 3 mg) _____. The MOR was blank on the back.

There was an additional missed dose on Tuesday (a day where she was to get 5 mg) _____ as ordered.

Records at the ALF show the resident did not receive the _____ Cream that was start on _____.

The order was transcribed as an as needed medication instead of a scheduled medication. Copy obtained.

In an interview with the Health and Wellness Director at the ALF on 1/10/17 at 3:05 PM, she was asked to review the documentation for Resident #1.

She stated that there had been no follow up with the SNF or Resident #1's doctor and the ALF nurses just took the orders off of her 1823 and transcribed them onto her MOR.

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The MOR was reviewed with her and she confirmed that the resident did not receive her as ordered on and She could not explain why the medication was not given. She acknowledged the error with the order for Cream 1%, saying it was actually a scheduled medication, not just as needed, and the resident did not receive it while she was admitted to the facility. Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Atrium Way 1
9960 Atrium Way
Jacksonville, FL 32225

Re: CCR #2016012113

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 by representative of 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 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 18, 2017.** 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. Should you have any questions please call this office at 904-4201.

Sincerely,

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/AW/sm
Enclosure
XG90

