| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964969** | **08/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE CANOPY OAKS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9070 SW 80TH AVE**<br>**OCALA, FL 34481** | |

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

**0000 - Initial Comments**

An unannounced biennial licensure survey with initial Limited Nursing Service survey was conducted on - at the Brookdale Canopy Oaks (License #9441). Deficient practice was identified.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on record review and interview, the facility failed to maintain an accurate and complete Health Assessment (Agency for Healthcare Administration, Form 1823) for 1 of 2 resident's record reviewed (Resident #1).

Findings:

During a record review on , 2017 conducted for Resident #1, the AHCA form 1823 did not identify the explanation of the extent and type of supervision or assistance needed for ambulation, bathing, dressing, eating, self-care, and toileting (Page 2, section A)(Photographic evidence available).

During a record review on , 2017 conducted for Resident#1, the AHCA form 1823 identified Resident #1 as not able to have his needs met at an assisted living facility (Page 2, section D). (Photographic evidence available).

During an interview with the Health and Wellness director on at 3:00 p.m. she stated, the resident #1 is able to have his needs met at the facility and the AHCA form for resident #1 is inaccurate and incomplete regarding the extent and type of supervision or assistance needed for Resident #1.

Class III

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

Based on observation and interview, the facility failed to provide assistance with self-administration of medications for 4 of 4 residents observed (Residents # 8, 11, 12, and 13).

Findings:
On at approximately 1:00 PM, unlicensed staff E was observed to administer , 500 mg Tablet ( ) to resident # 12 instead of assisting the resident with self-administration of medication.
Staff E pre-poured the medication into a cup and took the medication to the resident # 12 's , and stated "This is your " and gave the medication to the resident # 12. Staff E failed to read the medication label in the presence of resident # 12.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964969** | **08/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE CANOPY OAKS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9070 SW 80TH AVE**<br>**OCALA, FL 34481** | |

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

On at approximately 1:08 PM, unlicensed staff E was observed to administer to resident # 11 instead of assisting the resident with self-administration of medication. Staff E pulled out a pre-prepared syringe containing 0.5 mg , from the medication cart and took the medication to the resident # 11's . Staff E stated to the resident: "It is time to receive the pain killer". Then staff E inserted the syringe into the left side of resident # 11's mouth under her tongue and administered the medication. Resident # 11 did not assist staff E in any manner with receiving the medication.

On at approximately 1:15 PM, unlicensed staff E was observed to administer 4 mg Tablet to resident # 13 instead of assisting the resident with self-administration of medication. Staff E pre-poured the medication into a cup and took the medication to the resident # 13's , and stated the name of the medication and gave the medication to the resident. Staff E failed to read the medication label in the presence of resident #13.

On at approximately 1:20 PM, unlicensed staff E was observed to administer two , 325 mg Tablets ( , ) to resident # 8 instead of assisting the resident with self-administration of medication.
Staff E pre-poured the medication into a cup and took it to the resident # 8's , and stated the name of the medication and gave the medication to the resident # 8. Staff E failed to read the medication label in the presence of resident.

On at approximately 1:28 PM, an interview was conducted with unlicensed staff E in reference to her training on assistance with self-administration of medication. Staff E replied: "I had 6-hour initial training on assistance with self-administration of medication and renewed my 4-hour training a couple of months ago. It was updated with Guardian Pharmacy." Staff E stated that she was trained to read the label in the presence of the residents while assisting the residents with self-administration of medication. She was asked if she read the label to the residents she was observed giving the medication to. She stated no, she did not read the label to the residents. Staff E confirmed that she administered the medication instead of providing assistance with self-administration of medication to all 4 of 4 residents observed (Residents # 8, 11, 12, and 13).

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview, the facility failed to ensure that all existing mechanical systems are maintained in good working order for 60 of 60 residents.

Findings:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964969** | **08/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE CANOPY OAKS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9070 SW 80TH AVE**<br>**OCALA, FL 34481** | |

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

During a tour of kitchen at 1:10 p.m. on . . . . . , an observation was made of a ceiling vent located in the dish cleaning area to be severely rusted and have large accumulation of dust hanging from the vent. (Photographic evidence available).

During an interview with Staff F, dietary assistant at 1:15 p.m. on . . . , she confirms the vent is severely rusted and dirty and needs repaired.

During an interview with Staff G at 1:55 p.m. on , he confirmed the vent cover located in the kitchen dishwashing area is severely rusted and dirty. He confirms it needs replaced.

Class III