STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963982	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE COLONIAL PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **4730 BEE RIDGE ROAD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR # 2017011234) was conducted on at Brookdale at Colonial Park, an assisted living facility (license # 7439) in Sarasota, Florida.

The complaint contained 1 allegation, which was substantiated without deficiency.

The following deficiency was identified at the time of the survey.

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

Based on record review and staff interview, facility failed to obtain a complete health assessment for 3 (Resident #1, # 2, and #3) of 3 residents sampled.

Findings included:

1. Record review for Resident #1 found she was admitted to the facility on .

Further review found an incomplete 1823 Health assessment dated . The form was missing the following items:
Residents Height and weight. Under medical history and diagnoses stated see copy.
Under special precautions the elopement risk section was left blank. Medication list was blank and there a comment "see copy".

There was an additional incomplete Health assessment 1823 on record dated .
The form was missing and behavior status notes, nursing treatment , , and services requirement notes.
Under special precautions, elopement risk was left blank.
on Page 5, where facility was to indicate what services will be provided by them was completely blank.
Furthermore, it lacked the administrator's signature on page 5.

During an interview on at 11:21 a.m., the facility administrator said Resident #1 was not deemed as high risk of elopement. The administrator said Resident #1 never had exit seeking behaviors and her normal routine was to go out for a walk every morning after breakfast. She could not explain why the elopement part of the 1823 form was left blank. She said that must be an oversight.

2. Record review for Resident #2 found she was admitted to the facility on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Further record review found resident had an incomplete 1823 form dated . The Form lacked residents height and weight, and page 5 where facility was to indicate what services will be provided by them was complete blank. Furthermore, it lacked the administrator's signature on page 5.

3. Record review for Resident #3 found he was admitted to the facility on .

Further record review for Resident #3 found an incomplete Health Assessment 1823 form dated . The form did not indicate whether the resident's needs can be met in the facility since that section left blank. Also, page 5 where facility was to indicate what services will be provided by them was complete blank. Furthermore it lacked the administrator's signature on page 5.

Continued review found an additional incomplete 1823 Health Assessment dated .
Under section where medical history and diagnosis, the following was written: NA see notes.
Under physical or sensory limitations, or behavior status the following was written: NA see notes. Under section where all medications were to be listed the following was written: see MAR.
Also, page 5, where facility was to indicate what services will be provided by them, was completely blank. Furthermore, it lacked the administrator's signature at page 5.

4. During an interview on at 2:50 p.m. the administrator acknowledged the lack of appropriate documentation. She said she will make sure that all Health Assessments will be completed as required from now on.

Class III