STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967857	03/22/2018
NAME OF PROVIDER OR SUPPLIER **BRENTWOOD SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6280 CENTRAL AVE, STE 312** **SAINT PETERSBURG, FL 33707**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 through , 2018, a biennial re-licensure survey with extended congregate care (ECC) services in conjunction with complaint surveys (CCR# 2018001869, CCR# 2018001986, CCR# 2018002686, CCR# 2018003778) was conducted at Brentwood Senior Living at St Petersburg assisted living facility. Deficient practice was identified relative to this survey.

(License # 11812)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to:
(1) Obtain a face-to face medical examination documented on Agency for Health Care Administration Form 1823 (AHCA 1823) after a significant change in condition necessitating the need for hospice services; and,
(2) Maintain an interdisciplinary care plan in consultation with hospice, specifying which care and services are provided by hospice and which are provided by the facility and agreed upon by hospice, the facility, and the Resident (or responsible party) for three hospice Residents (#4, #15, and #19) of three sampled hospice Residents.

Findings Included:

A record review for Resident #4 conducted on , revealed that Resident #4's record did not contain an updated AHCA 1823 when a change in condition necessitated an admission to hospice services on . Resident #4's record did not contain an Interdisciplinary Care Plan specifying care and services provided by hospice and the facility and agreed upon by hospice, the facility, and Resident #4 (or Responsible Party).

A record review for Resident #15 conducted on , revealed that Resident #15's record did not contain an Interdisciplinary Care Plan specifying care and service provided by hospice and those provided by the facility and agreed upon by hospice, the facility, and Resident #15 (or Responsible Party). Resident #15 had a change in condition necessitating hospice admission on .

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SUMMARY STATEMENT OF DEFICIENCIES
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A record review for Resident #19 conducted on , revealed that Resident #19's record did not contain an updated AHCA 1823 when a change in condition necessitated an admission to hospice services on . Resident #19's record did not contain an Interdisciplinary Care Plan specifying care and services provided by hospice and those provided by the facility and agreed upon by hospice, the facility, and Resident #19 (or Responsible Party).

During an interview with the Regional Director conducted on at 02:45pm, the Regional Director acknowledged and confirmed that hospice Residents #4 and #19 did not have updated AHCA 1823s when changes in condition necessitated admissions to hospice services. The Regional Director also acknowledged and confirmed that hospice Residents #4, #15, and #19 did not have Interdisciplinary Care Plans specifying care and services provided by Hospice and those provided by the facility and agreed upon by all three parties.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to document Medication Observation Records (MORs) immediately each time medication was offered for seven (#7, #13, #17, #18, #19, #20, and #22) of seven sampled residents.

Findings Included:

A MOR review for Resident #7 conducted on , revealed that Resident #7 had multiple medications (, , , , , , , , with , , , , and) with omitted documentation that the medications were given for multiple dates, times, and doses in 2018.

During a MOR review for Resident #13 conducted on , revealed that Resident #13 had multiple medications with omitted documentation that the medications (, , , and) were given for multiple dates and times in 2018.

During a MOR review for Resident #17 conducted on , revealed that Resident #17 had multiple medications with omitted documentation that medications (and ,) were given for multiple dates and times.

During a MOR review for Resident #18 conducted on , revealed that Resident #18 had

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

multiple medications with omitted documentation that the medications (, , , and) were given for multiple dates and times.

During a MOR review for Resident #19 conducted on , revealed that Resident #19 had multiple medications with omitted documentation that the medications (, , , , , , , and) were given for multiple dates and times.

During a MOR review for Resident #20 conducted on , revealed that Resident #20 had multiple medications with omitted documentation that medications (and patch) were given for multiple dates and times. The MOR did not have documentation as to which site the prescribed patch was applied on Resident #20. The MOR did not have documentation that the patches were removed from Resident #20.

During a MOR review for Resident #22 conducted on , revealed that Resident #22 had multiple medications with omitted documentation that medications (, Ensure, Powder, and) were given for multiple dates and times.

During a MOR Documentation Policy and Procedure (P&P) review conducted on , revealed that the facility did not follow own their own P&P. The MOR Documentation P&P stated in #3, "Initial box when medication is given."

During an interview conducted with the Regional Director on at 01:00pm, the Regional Director stated that medications should be documented when the medication is given. At 02:45pm, the Regional Director acknowledged and confirmed MORs had omitted documentation that meds were given as prescribed for Residents #7, #13, #17, #18, #19, #20, and #22.

Class III