Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964081	A. BUILDING: _____ B. WING _____	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TEQUESTA	205 VILLAGE BLVD TEQUESTA, FL 33469

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Abbreviated Relicensure with Limited Nursing Services (LNS), Complaint (#2025002171) and a Generator Monitoring survey was conducted on at Brookdale Tequesta. The facility had a deficiency related to the Relicensure survey identified at the time of the visit. NOTE: The facility had no Limited Nursing Services (LNS) residents at the time of the survey.	A 000		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The	A 091		

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A 091	Continued From page 1	A 091		

department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on record review and an interview, the facility failed to ensure 3 out of 3 sampled staff (Staff A, B & C) had certificates with all required components showing completed 2 hours of Preservice Orientation prior to interacting with residents.

The findings included:

During review of the personnel files for Staff A, B & C on , certificates showing completion of a 2 hour Preservice Orientation were locate with the following errors:

A. Staff A was hired on . A certificate dated with no signatures was on file.
B. Staff B was hired on . A certificate dated with no signatures was on file.
C. Staff C was hired on . A certificate dated with no employee signature was on file.

The Preservice Orientation training required prior to interacting with residents requires a certificate showing completion with the signatures of both the Administrator and the employee. The Administrator was notified of these findings at 1:00 PM on . The facility provided no additional documentation for review at this time.

Class