STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	06/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eastbrooke Gardens	201 Sunset Drive Casselberry, FL 32707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments
Extended Congregate Care monitoring visit conducted on . . . . . Eastbrooke Gardens had deficiencies found at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview the facility owners failed to notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, . 2013.

Findings:

Review of online Agency for Healthcare Administration Facility Finder on . . . . at approximately 9 AM revealed the previous administrator's name was listed on the website as the current administrator.

Entrance conference with the administrator on . . . . at approximately 10:30 AM revealed he started as the administrator on . . . . . He stated that he had not submitted the Change of Administrator form to the agency. The facility did not notify AHCA of the change in facility administrator within 10 days of the change.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure no earlier than 6 months before employment or within 30 days of employment staff submitted a written statement from a healthcare provider that documented the individual did not have any signs or symptoms of communicable . . . . . including . . . . . for 2 of 5 sampled staff (C & D).

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Findings:

Review of personnel files for revealed:

1. Staff A, hired on revealed a negative chest x-ray on and a freedom from communicable statement was signed on , more than 6 months before the hire date. There was no current documentation available for review.

2. Staff D, hired on had no documentation of freedom from communicable including

In an interview with the administrator on at approximately 1 PM who stated the documentation was not in the employee files.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure 1 of 5 sampled staff (D) completed a one-time education course on and , that included the topics prescribed in the Section 381.0035, F.S., within 30 days of employment.

Findings:

Review of personnel files revealed staff D, who was hired on did not have documentation an education course on was completed within 30 days of employment.

In an interview with the owner on at approximately 1 PM who stated the above training was not in the staff's personnel file and did not indicate if the staff received the training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 6 sampled staff (A), an unlicensed staff who assisted with self-administration of medications, received the required 4 hour training in providing assistance with medications and safe medication practices in an Assisted Living Facility.

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Findings:

Review of personnel files for staff A, an unlicensed staff that assisted with self-administration of medications, revealed documentation of 2 hours of medication training update on . There was no documentation that indicated staff A had completed the required initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility (ALF).

In an interview with the administrator on at approximately 1 PM who stated the staff did not have documentation of the training in her personnel file and did not indicate the staff received the 4 hour training.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and interview the facility failed to ensure 1 of 5 sampled direct care staff (D) had 4 hours of training in and Related (ADRD) Level I, within 3 months of hire and 1 of 5 sampled staff (A) had 4 hours of ADRD Level II training within 9 months of hire.

Findings:

The facility provided a secure unit to their residents.

Review of personnel files revealed for staff that had direct contact and provided direct care to residents in the memory care unit:

1. Staff A was hired on did not have documentation that she had received the initial ADRD Level II training within 9 months of hire or the ADRD (due

2. Staff D who was hired on had documentation that she had received the initial ADRD Level I training within 3 months of hire (due

In an interview with the administrator on at approximately 1 PM who stated the above training was not in the staff's personnel file and did not indicate if the staff received the training

Class III

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0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure personnel records contained a copy of the original employment application with references for 1 of 5 sampled staff (D).

Findings:

Review of personnel files revealed Staff D, date of hire [redacted] revealed a copy of the original employment application with references was not in her file

In an interview with the administrator on [redacted] at approximately 1 PM who stated the job description was not in the above employee's personnel file.

Class III

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on record review and interview the facility failed to ensure a Registered Nurse (RN) (Staff D) was available to oversee the Extended Congregate Care (ECC) needs of the facility.

Findings:

Entrance conference on [redacted] at approximately 10:30 AM with the administrator and the Resident Care Director revealed staff D was the ECC nurse and ECC supervisor.

Review of staff D's personnel file revealed an agreement was signed on [redacted] to provide ECC RN services.

Phone interview attempted on [redacted] at approximately 12:35 PM, revealed the phone numbers given by the facility were incorrect for Staff D. The facility attempted to call staff D and leave a message for the nurse to return the call to the surveyor. The call was not returned.

Phone interview with the administrator on [redacted] at approximately 9:45 AM who stated the facility's owner was the ECC nurse. The owner did not call the surveyor to confirm she was the ECC nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

RE: ECC monitoring

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care (ECC) survey that was conducted on , 2014 by representative(s) 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. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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