AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	**04/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE BRANDON	**700 S. KINGS AVENUE BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2015001590 and CCR# 2015001958, were conducted from

Brookdale of Brandon, assisted living facility, had a deficiency at the time of the visit.

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, interview and record review, the facility failed to ensure that the staff records for one of four sampled staff (Staff A) contained the required proof of compliance with Level II background screening requirements.

Findings include:

During a review of the staff record for Employee A conducted on , it was revealed that Employee A's record did not contain any documentation indicating that Employee A had completed a Level II background screen.

A review of the agency's background screen website revealed a screening result for Employee A dated indicating "Awaiting Privacy Policy." The website did not indicate whether Employee A was found eligible.

During a visit to the facility on beginning at 8:45 AM, Employee A was observed interacting with residents and providing residents assistance with self-administration of medication.

An e-mail from the Background Screening Unit dated indicated that Employee A had been found eligible on but due to the lack of privacy policy, the screening results for Employee A were not visible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Brandon
700 S. Kings Avenue
Brandon, FL 33511

RE: CCR# 2015001590 & 2015001958

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted 8-10, 2015, 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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