STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	06/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE WEST MELBOURNE	7300 GREENBORO DRIVE MELBOURNE, FL 32904	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring was conducted on . . . . Brookdale Of West Melbourne had deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to ensure the 2 of 4 sampled staff provided the facility with a healthcare provider statement to indicate that the person did not have any signs or symptoms of . . . . . yearly (#B & D).

Findings:

1. Personnel record review revealed that staff B had a . . . test result dated . . . . . Evidence was not found to confirm staff B had a freedom from . . . statement yearly. One was due in 2015.

2. Personnel record review revealed that staff D had a . . . test result dated . . . . . Evidence was not found to confirm staff D had a freedom from . . . statement yearly. One was due in 2015.

In an interview with the Health and Wellness Director on . . . . at approximately 4 PM, she was unable to locate a 2015 . . . test result for staff B and staff D.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility, who maintained a secure memory care area, failed to ensure that 1 of 4 sampled staff who provided personal care to residents with . . . . . or Related . . . . . (ADRD) received all the mandated training requirements, including 4 hours of continuing education annually as required under 429.178 FS (D).

Findings:

Personnel record review for staff D revealed she was hired on . . . . . and was a Resident Care Attendant (RCA). She received an updated in-service training regarding . . . . . and Related . . . . . on . . . . . However, there was no evidence she attended/received an annual update on . . . . . .

In an interview on . . . . at approximately 4 PM, the Health and Wellness Director stated she was unable to locate any documentation regarding the training.

Class III

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	AL11964072	**06/03/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Brookdale West Melbourne
7300 Greenboro Drive
Melbourne, FL 32904

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 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. **Please forward documentation of correction to the Field Office.** 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
XG90

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