STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964515	06/30/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORMOND BEACH WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 INTERCHANGE BLVD** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

An unannounced biennial licensure survey with Limited Nursing Services was conducted at Brookdale Ormond Beach West on , 2015. Brookdale Ormond Beach West had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and staff and family interview, the facility failed to honor the family's decision to not hospitalize a resident after and failed to follow their own policy and procedure for head injury for Resident #11, 1 of 12 sampled residents.

The findings include:

On at 11:45 a.m., a family interview was conducted for Resident #11. The Resident's wife stated that she was upset that the facility sent the resident out to the hospital after a and she found out about it after the fact and had now had to pay a huge hospital bill. She stated her husband has had a big decline and was now on hospice services. She stated that when her husband a few weeks ago, he did not have any apparent injuries and the staff member sent him out to the hospital. She reported that she should have been called first because she would have told them not to send him out. She brought her concerns to the Administrator the next day.

A staff nurse, Employee H (Licensed Practical Nurse, LPN) was interviewed on at 12:06 pm. She stated she was aware of this incident. She stated the nurse involved at the time was a new nurse, Employee I. She stated that this nurse did not know the policy for hospice residents. If a hospice resident has a and there was not a substantial injury, hospice was to be notified first. Then hospice makes the determination to come assess the resident or send him to the emergency The next day after the incident, Employee I received education on procedures relating to hospice residents and without apparent injuries. Hospice was to be called immediately. She was also educated on having legible documentation. Her note was difficult to read.

Review of the clinical record revealed a fax to the advanced nurse practitioner. It revealed that the resident was found on the floor and he stated he hit his head. Emergency responders were notified and the wife was notified. There was a progress note dated at 145 pm but it was difficult to read. It revealed the resident was observed on floor, private duty aide stated resident hit his head. Emergency responders were notified, wife and doctor notified. At 2 p.m. hospice notified. At 5

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p.m. he returned from the hospital.

Also in the clinical record was a hospice instruction list. It revealed that hospice was responsible for the overall management of the hospice plan of care including financial payments. Call hospice before any changes to the plan of care in regards to pre-authorization for tests or changes in the resident's condition after a .....

The Administrator was interviewed on ..... at 12:12 p.m. He confirmed that Employee I was a fairly new nurse and he believed that she followed their policy. He stated that every resident was to be sent to the emergency ..... a ... and hitting their head even if no apparent injuries were seen.

Review of the facility's Head Injury Triage (. 2005) revealed that residents with a stable head injury and no other risk factors (losing , acting dislocated extremities, etc) should not be sent out via 911 but should be seen by a medical professional within a reasonable amount of time.

An interview was conducted with Employee I, a LPN on ..... at 2 :15 pm over the telephone. She confirmed she was the staff nurse working on ..... when Resident #11 was found on the floor. She stated that the private aide was not present when the resident was found on the floor. She stated she did not see the resident actually ... and hit his head. The resident told her that he hit his head. She stated she did not see any injury to the resident's head(lumps or lacerations) or to any other part of the resident's body. She stated that she thought that any resident who ... and hit their head was to be sent out to the hospital. She called emergency responders first and then called the wife and then contacted the resident's doctor within the next 1 5 minutes or so. Employee I continued to say that when she came to work the next day, she found out the resident's wife was angry because she did not want her husband to be sent out after a unless there was an apparent injury. Employee I stated she did receive additional training after the fact about notifying hospice first. She stated she had only been employed at the facility for about 2 months.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Ormond Beach West
240 Interchange Blvd.
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 30, 2015 by a representative 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 attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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. Should you have any questions please call this office at

Sincerely,

Jana Meyering, CHDP
Health Facility Evaluator Supervisor

NH/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com