RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Leesburg 2
710 South Lake Street
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed 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 and send 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Kristie J. Mennella
Field Office Manager

KJM/aww
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5869
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	08/04/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 Initial Comments

On , an unannounced abbreviated biennial licensure with Limited Nursing Services specialty license survey was conducted at Brookdale at Leesburg 2, an Assisted Living Facility Deficient practice was identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record reviews and interviews the facility failed to have a documentation from a health care provider showing 1 of 3 sampled employees did not have signs or symptoms of communicable for (staff B).

Findings:

On a record review was conducted on direct care staff B who was hired . During the review it was observed the facility did not have a written statement from a health care provider documenting that the staff does not have any signs or symptoms of a communicable .

On at approximately 2:30 PM the Human Resource Director stated he did not know why staff B did not have documentation show she has no signs or symptoms of a communicable from a health care provider.

Class III

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to provide all the required in-service training for direct care staff within 30 days for 2 of 3 sampled employees for (staff B and staff C).

Findings:

On a record review was conducted on direct care staff B who was hired / . It was observed there was no training documentation for activities of daily living and behavioral needs training in her training record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	08/04/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

On a record review was conducted on direct care staff C who was hired . It was observed she had no documentation showing she received training in elopement, emergency preparedness and evacuation, incident reporting, or resident rights.

On at approximately 3:15 PM the facility Human Resource Director stated he thinks that the training documentation for staff B is in storage and it will be three days before they can get it. He stated staff C did not finish her in-service training because she had a family emergency.

Class III

0082 Trainina -

Based on record reviews and interviews the facility failed to have documentation showing 2 of 3 direct care staff members received /Acquired) training (staff B and C).

Findings:

On a record review was conducted on staff B who was hired and staff C who was hired . It was observed that neither staff B or C had documentation in their training record showing they had received the training as required.

On at approximately 3:15 PM the Human Resource Director was asked why there was no documentation show staff B and C had received the required training. He stated staff C had a family emergency during the in-service training and did not complete the required training. he did not know why staff B had not had the training.

Class III

0091 Trainina - Documentation & Monitorina

Based on record reviews and interviews the facility failed to maintain training certificates which contained all the required documentation for 3 of 3 staff members (A, B and C).

Findings:

On during a record review direct care staff members A, B and C, it was observed that there

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	**08/04/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

was no certificates issued for these staff members for the required in-service training they must receive. It was observed there were sign in sheets and dates but no hours for the training program.

On at approximately 3:30 PM the Human Resource Director stated he did not know the requirements for training certificates and that he would insure that the required documentation would be completed as required.

Class III