RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 6, 2015

Administrator
Brookdale Hunter's Crossing
4601 N.W. 53rd Avenue
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 6, 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 September 5, 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/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	08/05/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HUNTER'S CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 Initial Comments

On unannounced biennial licensure survey was conducted at Brookdale Hunter's Crossing Assisted Living Facility in Gainesville, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to have documentation showing that 3 of 3 direct care staff members completed all their in-service training as required for staff A, B, and C.

Findings:

On a training record review was conducted on direct care staff B who was hired / and is not a certified nursing assistant (CNA) or home health aid (HHA). It was observed that she only had 2 hours of activities of daily living and behavior needs training instead of 3 hours as required.

On at approximately 3:17 PM the Human Resource director stated that she could only find 2 hours of the required training.

On a training record review was conducted on direct care staff C who was hired and is not licensed or certified as a CNA or HHA, It was observed that she only had documentation showing that she received 2.5 hrs. of ADL behavior needs training and not 3 hrs. as required.

On at approximately 3:39 PM the Human Resource Director stated she did not know why staff C received only 2.5 hours of the required training and not 3 hours.

On a record review was conducted on direct care staff A (hired) and C for incident reporting. It was observed that neither staff A or C had the training documentation for the required subject.

On at approximately 3:41 PM the Human resource Director stated she did not know why the training documentation was not in staff A or C training records.

Class III

0083 Training - First Aid and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	08/05/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HUNTER'S CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606**	

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

Based on record reviews and interviews the facility failed to have 2 of 5 staff members in the facility with First Aid and ( ) for Staff member D and E who work the 11:00 PM.-7:00 AM shift by themselves.

Findings:

On a record review was conducted on unlicensed direct care staff D and staff E for First Aid and . Theses two staff members are the only staff in the building between 11:00 PM-7:00 AM three days a week on , , and according to the facility schedule. Neither staff D or E had documentation in their training record showing they had a valid First Aid or card from an accredited provider

On at approximately 4:30 PM an interview was conducted with the Health and Wellness Director LPN about not having a staff member in the building on the 11:00 PM-7:00 AM. shift on , , and with a valid First Aid and card. She stated she did not realize that staff D and E who work the same shift together did not have a current valid First Aid and card and that she would change the schedule immediately to bring the facility into compliance.

Class III