STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965357	08/11/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE NORTH BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 8/11/2015 at Brookdale North Boynton Beach. The facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have the complete fact to face medical exam by the health care provider documented on the Facility Health Assessment Form (AHCA 1823 Form) maintained in the residents record for 1 of 2 records reviewed #10. In addition the facility failed to update the Facility Health Assessment Form (ACHA 1823 Form) upon a significant change for, 1 of 2 resident records reviewed #10.

The Findings Include:

1. Resident Record Review conducted on at approximately 1:45 PM for resident #10 revealed an admission date of . The admitting Facility Health Assessment Form (AHCA 1823 Form) dated with diagnosis of ,Chronic Leg , Functional Decline, Memory , Memory , Recurrent . The physician indicated that the resident requires supervision with activities of daily living. Page 4 of the AHCA 1823 Form is missing.

Interview conducted on at 2:10 PM with the Administrator and DON, who stated that the page must have been misplaced when a provider made a copy of it. They both acknowledged that page 4 is missing from the record of resident #10.

2. Further review conducted on at approximately 1:45 PM of the record for resident #10 revealed an Integrated Plan of Care between the facility and Vitas Hospice dated , signed by the facility and Hospice. There is no updated ACHA Form 1823 to address the significant change in condition.

Interview conducted at approximately 2:10 PM with Administrator and DON who stated they were not aware the AHCA Form 1823 had to be updated upon admission to hospice as the admitting AHCA 1823 Form was only two months old.

Class III

0078 Staffing Standards - Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965357	08/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTH BOYNTON BEACH	4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426

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

Based on interview and record review of the staff personnel records, it was determined the facility failed to ensure that 2 out of 3 staff members (Staff B and Staff C), submitted an annual statement from a physician, indicating that the person is free from ( ).

The findings include:

Record review of the facility personnel records revealed Staff B's hire date was / as a certified nurse assistant and Staff C's hire date was as a certified nurse assistant. Further review revealed Staff B's file lacked documentation since / and Staff C's file lacked documentation since from a physician indicating the employee is free from .

In an interview with Administrator on / / at 11 AM , he acknowledged the findings.
Class III

0081 Training - Staff In-Service

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service training's within 30 days of hire, for 2 out of 3 sampled staff records reviewed (Staff A and Staff C).

The findings include:

Record review of Staff A's personnel record revealed his date of hire was / and Staff C's hire date as . Further record review revealed Staff A and Staff C's file lacked documentation indicating the employee had completed the following in-service training's: Resident Rights, Incident Reporting, Recognizing / Reporting and Neglect , Nutritional and Safe Food Handling and Emergency Preparedness and Evacuation.

In an interview with the Administrator on / at approximately 11 AM, he acknowledged the findings. He stated no further documentation was available for review.

Class III

0090 Training -

Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had documentation of 1 hour of training on the facility's policy and procedures regarding Do Not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965357	08/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTH BOYNTON BEACH	4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426

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

Orders ( ).

The findings include:

A record review conducted on 8/11/2015 revealed Staff C's hire date as 7/5/2015. Further review revealed the file had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on / at 11 AM, the Administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale North Boynton Beach
4733 Northwest Seventh Court
Boynton Beach, FL 33426

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2015 by a representative from 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida