STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965283	08/19/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VERO BEACH SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 4TH COURT** **VERO BEACH, FL 32962**	

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

0000 Initial Comments

An unannounced Relicensure with Limited Nursing Services (LNS) survey was conducted on 19, 2015 at Brookdale Of Vero Beach South. The facility had a deficiency found at the time of the visit.

0079 Staffing Standards - Levels

Based on record review and an interview, the facility failed to ensure that at least one staff member trained in both First Aid and , as provided under Rule 58A-5.0191, was within the facility with residents at all times, for 2 out of 3 sampled staff (Staff C and G).

The findings include:

The personnel files for Staff C and G were reviewed for training in both and First Aid. Neither of the staff members had current training in or First Aid. The administrator and business office manager were interviewed at 12:30 PM on / / and acknowledged that there were no staff members who had current training in both First Aid and who worked the night shift from 11:00 PM to 7:00 AM. The facility failed to ensure at least one staff member trained in both and First Aid was present at the facility with residents at all times. No additional documentation of training was presented at this time.

Class III

0086 Training - ADRD

Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff C) who has regular contact with or provides direct care to residents with ADRD (and Related) in this secured facility had obtained 4 hours of continuing education training annually.

The findings include:

The personnel file for Staff C was reviewed for training in ADRD and did not contain documentation of 4 hours of training in ADRD dated within the previous year. The following training was documented and available for review:

Staff C-Date of Hire /
Level I and Level II (8 hours) completed on / /

During interview with the administrator and business office manager at approximately 11:30 AM on

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8/19/15, they acknowledged the staff member did not have documentation of continuing education on an annual basis (4 hours in ADRD). No additional documentation was presented at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Vero Beach South
420 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/jw
Enclosure : AHCA Form 5000-3547

XG90

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