STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	09/09/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE** **PORT ORANGE, FL 32127**	

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 Yorktowne on , 2015. Brookdale Yorktowne had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record review, and resident and staff interviews, the facility failed to indicate the type of assistance needed with medications on the Florida Health Assessment Form for 1 resident (Resident #9) out of 2 resident records that were reviewed.

The findings include:

Record review for Resident #9 revealed a Florida Health Assessment form signed by physician and dated . The physician did not indicate what type of assistance the resident would require for taking her medications.

An interview was conducted with Resident #9 on at 10:05 AM and she confirmed the facility staff assist her in taking her medications.

An interview was conducted on at 12:50 PM with the Health and Wellness Director. She confirmed the Health Assessment Form for Resident #9 was not complete and did not indicate the type of assistance she needed for medications.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and resident and staff interviews the facility failed to uphold resident rights due to not providing unrestricted access to send and receive mail for 1 resident (Resident #6) out of 10 residents sampled. In addition the facility failed to follow prescribed physician orders for 1 resident (Resident #9) out of 2 resident records that were reviewed.

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The findings include:

1. An interview was conducted with Resident #6 on at 9:10 AM and she informed the surveyor she did not have access to her mail in the evenings, and it was very difficult for her to send mail due to the mailbox being high and out of her reach because she was in a wheelchair.

An interview was conducted with Employee H, front desk receptionist, on at 2:20 PM and she confirmed the residents' mail gets delivered to the front desk and they have to come down to receive their mail.

An interview was conducted with the Maintenance Director on at 2:30 PM and he confirmed some residents have complained that the mailbox is too high and are not able to put their outgoing mail in the box. He informed the surveyor the facility has plans to put a slit in the middle of the box which would be accessible to all residents. He stated, "We have known for about 6 months, but don't have the right tools to cut the slit".

2. An observation was conducted of Resident # 9 on at 10:05 AM sitting on her bed and no -deterrent ( ) hose were seen to her lower extremities.

A record review was conducted for Resident #9 and it revealed a Health Assessment Form dated and signed by the physician instructing the facility to "Apply hose on every am and off at PM" and "Nurse to instruct resident on incentive spirometer daily".

The record review revealed no documentation that hose have been applied and taken off, or training had been conducted for the nurse for incentive spirometer.

An interview was conducted with the Health and Wellness Director on at 11:45 PM and she confirmed the Health Assessment form for Resident #9 had orders to "Apply hose every day" and "Nurse to instruct resident daily on incentive spirometer". She confirmed at this time the facility had not been applying the hose or instructing the resident on her incentive spirometer. She stated, "We have never done this".

Class III

0032 Resident Care - Elopement Standards

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and staff interviews, the facility failed to perform semi-annual Elopement Drills affecting all 96 residents on the current census.

The findings include:

A staff interview was conducted with Employee F, resident caregiver, on at 2:44 PM and she informed the surveyor that a resident had wandered away from the facility in the past 6 months.

An interview was conducted on at 3:10 PM with the Health and Wellness Director and she confirmed Resident #16 had wandered away from the facility "a few months ago".

A review was conducted of the facility elopement drills and the facility had not performed semi- annual elopement drills as required.

An interview was conducted on at 3:59 PM with the Health and Wellness Director who confirmed that the facility could not provide documentation that elopement drills had been conduced every 6 months. The only documentation the Health and Wellness Director could find was dated 2015. The Health and Wellness Director stated, "I know we did one in , but I can't find proof of that."

Class III

0078 Staffing Standards - Staff

Based on staff interview and employee record review, the facility failed to ensure 1 of 4 sampled employees provided evidence of a negative test annually (Employee B), failed to ensure 1 of 4 employees submitted within 30 days of hire a written statement from a health care provider documenting the individual did not have any signs or symptoms of communicable (Employee E), and failed to provide evidence a copy of a job description was provided to 2 of 4 sampled employees. (Employees A and C)

The findings include:

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

1. Record review for Employee A (hired) found she last received a screening on . The findings were confirmed by the Business Office Manager on at 2:30 PM. She looked at the date and stated the employee was past due and would need to get a new screening.

2. Record review of the information provided by the Business Office Manager for the Administrator/Employee E (hired) found no evidence the facility obtained a Freedom for Communicable Statement for Employee E. The Business Office Manager was asked for the information several times on . She stated she would contact the corporate office on at 12:30 PM and on 2:00 PM. She did not provide the information.

3. Record review of the employee files for Employee A (hired / /) and for Employee C (hired) revealed no evidence a job description was given to the employees. The Business Office Manager was asked to provide the information on at 2:30 PM. She stated she could not locate the information.

The Health and Wellness Director (Acting Administrator) was asked for the missing information on at 4:20 PM. She confirmed the evidence was not available on at 4:30 PM. She stated she looked through all the boxes and could not locate the information.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 employees (Employees A and C) received training in recognizing , neglect, and ; resident rights; incident reporting; facility emergency procedures including chain of command and staff roles relating to emergency evacuations; elopement response policy and procedures; providing assistance with activities of daily living, and safe food handling practices within 30 days of employment.

The findings include:

Record review for Employee A (hired) and Employee C (hired) revealed no evidence either employee received training in recognizing , neglect, and ; resident rights; incident reporting; facility emergency procedures including chain of command and staff roles relating to emergency evacuations; elopement response policy and procedures; providing assistance with activities of daily living, and safe food handling practices.

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The Business Office Manager was asked for the information several times on with the last time being 2:30 PM. She stated she would look in the computer system and provide evidence of the training. She did not provide the information.

The Health and Wellness Director (Acting Administrator) was asked for the missing information on at 4:20 PM. She confirmed the evidence was not available on at 4:30 PM. She stated she was not able to access the information.

Class III

0082 Training - /

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 employees received training in / (/) within 30 days of employment. (Employees A and C)

The findings include:

Record review for Employee A (hired) and Employee C (hired) revealed no evidence either employee received training in / .

The Business Office Manager was asked for the information several times on with the last time being 2:30 PM. She stated she would look in the computer system and provide evidence of the training. She did not provide the information.

The Health and Wellness Director (Acting Administrator) was asked for the missing information on at 4:20 PM. She confirmed the evidence was not available on at 4:30 PM. She stated she was not able to access the information.

Class III

0083 Training - First Aid and

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on employee record review, review of the facility schedules, and staff interview, the facility failed to ensure that one staff member working in the facility at all times was trained in First Aid and trained in ( ). (Employee A)

The findings include:

Record review of the employee file for Employee A found no evidence she was trained in First Aid and in

Record review of the facility's employee schedule found Employee A and three other employee were scheduled to work the 11:00 PM to 7:00 AM shift.

The Business Office Manager was given the schedule with the asterisks on at 2:50 PM and asked to provide evidence of First Aid and for each shift.

Record review of the evidence provided found the facility did not have another staff member with First Aid and training when Employee A was scheduled to work on Tuesday, Wednesday and Saturdays.

The findings were confirmed by the Health & Wellness Director (Acting Administrator) on at 4:30 PM. She stated she looked through all the files and could not find any more information.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on staff interview and record review, the facility failed to ensure 2 of 3 sampled employees received annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. (Employee B)

The findings include:

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Record review for Employee B (hired) found the most recent medication related training documented was on . Review of the certificate in Employee B's file found it did not contain the length of time of the training.

On at 10:30 AM the Business Office Manager was asked for evidence of any other training Employee B would have received in providing assistance with self-administration of medication. She stated Employee B was past due and would need to take the training.

Class III

0090 Training -

Based on record review and staff interview, the facility failed to ensure 2 of 3 sampled employees received a minimum of 1 hour of training in the facility's policy and procedures regarding , within 30 days of employment. (Employees A and C)

The findings include:

Record review for Employee A (hired) and Employee C (hired) revealed no evidence either employee received a minimum of 1 hour of training in the facility's policy and procedures regarding

The Business Office Manager was asked for the information several times on with the last time being 2:30 PM. She stated she would look in the computer system and provide evidence of the training. She did not provide the information.

The Health and Wellness Director (Acting Administrator) was asked for the missing information on at 4:20 PM. She confirmed the evidence was not available on at 4:30 PM. She stated she was not able to access the information.

Class III

0161 Records - Staff

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Based on employee record review and staff interview, the facility failed to maintain personnel records for 3 of 4 staff members. (Employees A, C, and E)

The findings include:

Record review of the information provided by the Business Office Manager for the Administrator/Employee E (hired) found no evidence the facility obtained a Freedom for Communicable Statement for Employee E or a Level II background screening. The Business Office Manager was asked for the information several times on . She stated she would contact the corporate office on at 12:30 PM and on 2:00 PM. She did not provide the information.

Record review of the employee file for Employee A (hired /) and for Employee C (hired) revealed no evidence a job description was given to the employees or that a Level II background screening was completed. The Business Office Manager was asked to provide the information on / at 2:30 PM. She stated she could not locate the information.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and staff interview the facility failed to submit a 15 day report to the Agency of Health Care Administration for an adverse incident which occurred on , 2015 for Resident #16.

The findings include:

A staff interview was conducted with Employee F, Resident Caregiver, on at 2:44 PM and she informed the surveyor a resident had wandered away from the facility in the past few months.

An interview was conducted on at 3:10 PM with the Health and Wellness Director who confirmed Resident #16 had wandered away from the facility and the facility completed an adverse incident.

A review was conducted of the facility's Adverse Incident dated , 2015 involving Resident #16 and it included the one day report, but the 15 day report of the facility's findings of the investigation was not found.

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An interview was conducted with the Health and Wellness Director on at 4:45 PM and she confirmed she could not locate the 15 day report for the Adverse Incident for Resident #16 and didn't know if it had been done.

Class III

N276 LNS - Nursing Services

Based on record review and staff interview the facility failed to conduct monthly nursing assessments by a Registered Nurse for 1 resident (Resident #9) out of 2 residents on Limited Nursing Services.

The findings include:

A record review was conducted for Resident #9 and it revealed a Health Assessment Form dated and signed by the physician for the resident to receive assistance with at 2 liters continuous.

A review was conducted of the facility's Limited Nursing Service (LNS) log and it revealed Resident #9 was receiving LNS services for administration.

A record review was conducted for Resident #9 and it revealed the monthly assessment for 2015 was conducted by a Licensed Practical Nurse and not a Registered Nurse (RN).

An interview was conducted with the Health and Wellness Director on at 12:25 PM and she confirmed she did the nursing assessment for Resident #9 in . She stated, "I don't know why I did it this month. (RN) must have been on vacation."

Class III

N277 LNS - Resident Care Standards

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Based on employee record review and staff interview, the facility failed to have a job description on file for Employee G, Registered Nurse, (RN) signifying responsibilities for the facility's Limited Nursing Services.

The findings include:

An interview was conducted with the Health and Wellness Director on at 10:30 AM which confirmed Employee G, RN, is employed by the facility and conducts the monthly assessments on the LNS residents.

A record review was conducted for Employee G, RN, and no current job description or contract assuming responsibilities for the facility LNS license was found.

An interview was conducted with the Health and Wellness Director on at 4:35 PM and she confirmed the facility did not have a current or accurate job description on Employee G.

Class III

Z815 Background Screening: Prohibited Offenses

Based on employee record review and staff interview, the facility failed to ensure 3 of 4 employees (Employees A, C and D) received a Level II screening prior to working at the facility.

The findings include:

Record review for Employee A found she was hired as a caregiver on . There was no evidence a Level II background screening was received for Employee A.

Record review for Employee C found she was hired as a caregiver on . There was no evidence a Level II background screening was received for Employee C.

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Record review of the information provided by the Business Office Manager for the Administrator/Employee E (hired) found no evidence of a Level II Background screening.

The Business Office Manager was asked for evidence of a Level II background screening for Employees A, C, and the Administrator/Employee E. She stated she would contact the corporate office on at 12:30 PM and on 2:00 PM. She did not provide the information. She was asked to provide Level II background screening for Employee A and C. She stated she was told she only needed to do a Level I screening and the information in the employee records was all she had.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on employee record review and staff interview, the facility failed to ensure 1 employee that had had a break of employment of 90 days or more in a sample 4 received a new Level II screening and was found eligible prior to working at the facility. (Employee B).

The findings include:

Record review for Employee B found she was hired as a caregiver on . A level II screening was found in Employee B's file with a / eligibility determination date. Record review of Employee B's application dated found found her last employment was in of 2007.

During an interview with Employee B on at 12:45 PM she confirmed she did not work again prior to her employment on . The findings were confirmed to the Business Office Manager on at 12:45 PM. She stated she did not have evidence of another Level II screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Yorktowne
1675 Dunlawton Avenue
Port Orange, FL 32127

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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 21, 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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