STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	08/31/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEKIWA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S WEKIWA SPRINGS ROAD** **APOPKA, FL 32703**	

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

0000 Initial Comments

Complaint investigations (CCR 2015003573 and CCR2015005613) were conducted at Brookdale Wekiwa Springs on / . Brookdale Wekiwa Springs had deficiencies found at the time of the investigation.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure the Assisted Living Facility Health Assessment Form (1823) addressed all the required criteria for 1 of 3 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) updated on / that indicated diagnoses of of lower leg and .

Further review of the 1823 revealed there was no documentation to review that indicated what type of assistance the resident needed with activities of daily living and with medications.

In an interview with the administrator on / at approximately 4 PM who was not aware the 1823 was not complete.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility failed to ensure they provided adequate supervision to prevent with injury and medical care was provided in a timely manner, when a resident sustained a for 1 of 3 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated / and updated / / that indicated diagnoses of of the lower leg and . The resident was independent with eating and ambulation, needed supervision with and transferring and needed assistance with bathing, dressing and toileting.

Review of facility notes and Timeline of Events revealed:

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

- staff noted on upper wrists, small wounds below knees and a on big toe
- family visiting noted around 2nd toe on right foot. Spoke to family member who requested x-ray. Faxed request to physician to authorize order. Spoke to physician who stated order would not be signed until Monday /. Family informed of delay.

5:30 PM resident ambulating did not complain of pain to right foot. X-ray scheduled for /, nurse will call in when order received.

X-ray ordered, received from physician signed

/ nurse received x-ray order from physician for x-ray of right foot for today after 5 PM, due to resident's physician appointment at 1 PM today. Resident out of building when tech arrived at 7:30 PM, he will return in AM to do x-ray.

/ X-ray completed at 8:33 AM and faxed to physician at 8:56 AM. Resident signed out of community at 7 PM by family member stating destination "hospital".

Review of the x-ray results dated / / taken at the facility revealed right foot x-rays were negative for or .

Review of hospital History and Physical dated / / revealed the resident was admitted for left foot . The family member stated she visited the resident nightly and helped her get ready for bed. When she visited the resident on , the resident was in a normal state. When she visited the resident on , the resident was in a wheelchair. She had to her feet with , and what appeared to be rug type on the top of her feet and knees and upper extremity . It was unknown if the resident . The resident only complained of pain when she was weight bearing. The resident had x-rays on /, and was found to have a left ankle . The resident had left foot "" with lateral deviation. She had to her feet and the were healing on the top of her feet as well as her knees. She also had two areas of on her .

Review of the report dated / revealed left ankle showed acute, minimally displaced, obliquely oriented of the lateral malleolus (ankle bone) with soft tissue .

The physician was informed the right foot was injured, and he ordered an x-ray of the right foot. The facility documentation was inaccurate, the resident had a of the left ankle and that extremity was not x-rayed in a timely manner. The facility did not provide medical care in a timely manner when the resident had a .

In an interview with the administrator on / at approximately 2 PM who stated the nurse was terminated for not providing medical care in a timely manner when a resident sustained an injury with a .

Class II

0078 Staffing Standards - Staff

Based on observation, record review and interview the facility failed to ensure the unlicensed staff were

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SUMMARY STATEMENT OF DEFICIENCIES
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assigned duties they were qualified and educated to perform for 1 of 3 sampled residents (#1).

Findings:

Observation on / / at approximately 10:30 AM revealed resident #1 had a brace on her left foot.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated / / that indicated diagnoses of of lower leg and . The resident was independent with eating and ambulation, needed supervision with and transferring and needed assistance with bathing, dressing and toileting.

Review of physician order dated indicated brace to left foot when out of bed.

In an interview with Staff A, the nurse, on / / at approximately 2 PM who stated the unlicensed staff apply the in the morning and she checked the brace in the morning after they put it on.

The unlicensed staff were applying and removing a brace, a Limited Nursing Service.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when a resident had a of undetermined origin, for 1 of 3 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated / / and updated / / that indicated diagnoses of of lower leg and . The resident was independent with eating and ambulation, needed supervision with and transferring and needed assistance with bathing, dressing and toileting.

Review of facility notes and Timeline of Events revealed:
/ / - staff noted on upper wrists, small wounds below knees and a on big toe
/ / - family visiting noted around 2nd toe on right foot. Spoke to family member who requested x-ray. Faxed request to physician to authorize order. Spoke to physician who stated order would not be signed until Monday . Family informed of delay.

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

5:30 PM resident ambulating did not complain of pain to right foot. X-ray scheduled for /, nurse will call in when order received.
/ X-ray ordered, received from physician signed
/ nurse received x-ray order from physician for x-ray of right foot for today after 5 PM, due to resident's physician appointment at 1 PM today. Resident out of building when tech arrived at 7:30 PM, he will return in AM to do x-ray.
/ X-ray completed at 8:33 AM and faxed to physician at 8:56 AM. Resident signed out of community at 7 PM by family member stating destination "hospital".
Review of the report dated / revealed left ankle showed acute, minimally displaced, obliquely oriented of the lateral malleolus (ankle bone) with soft tissue .
There was no documentation to review that indicated an Adverse Incident Report was submitted when the resident had a of undetermined origin.
Class III

N277 LNS - Resident Care Standards

Based on observation, record review and interview the facility failed to ensure a licensed nurse provided Limited Nursing Service (LNS) for 1 of 3 sampled residents (#1).

Findings:

Observation on / at approximately 10:30 AM revealed resident #1 had a brace on her left foot.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) / and updated / that indicated diagnoses of of lower leg and . The resident was independent with eating and ambulation, needed supervision with and transferring and needed assistance with bathing, dressing and toileting.

Review of physician order dated indicated brace to left foot when out of bed.

In an interview with Staff A, the nurse, on / at approximately 2 PM who stated the unlicensed staff applied the in the morning and she checked the brace in the morning after they put it on.

The nurse did not apply and remove the resident's leg brace, which was a Limited Nursing Service.

Class III

N278 LNS - Records

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, record review and interview the facility failed to ensure nursing progress notes and monthly nursing assessments were completed for 1 of 3 sampled residents (#1) who received a Limited Nursing Service.

Findings:

Observation on / / at approximately 10:30 AM revealed resident #1 had a brace on her left foot.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) / and updated / / that indicated diagnoses of of lower leg and . The resident was independent with eating and ambulation, needed supervision with and transferring and needed assistance with bathing, dressing and toileting.

Review of physician order dated / indicated brace to left foot when out of bed.

There was no documentation to review that indicated nursing progress notes were completed when the brace was applied and removed and a monthly nursing assessments were conducted in , and 2015.

In an interview with Staff A, the nurse, on / at approximately 2 PM who stated the nursing progress notes and monthly nursing assessments were not completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Brookdale Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703
Attention: Mary Pulaski

Dear Pulaski:

This letter reports the findings of a complaint(s) investigation (2015003573 and 2015005613) inspection survey conducted on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) **by** .

The inspection resulted in findings of non-compliance in the following areas:

1) A - 0025 - Resident Care - Supervision Class II
Your facility failed to ensure they provided adequate supervision to prevent with injury and medical care was provided in a timely manner, when a resident sustained a .

Directed Corrective Actions:

1. The Facility must conduct an in-service with all direct staff on reporting when a resident has sustained a . The in-service should include who the need to be reported to and what immediate steps should be taken to make sure the resident is receiving the appropriate care and services. The training must express the need for the resident to be assessed and monitoring immediately after the resident has sustained a . Any and wounds should be reported as soon as they are observed to the appropriate staff. The in-service agenda and sign in sheets should be maintained and available for agency review upon request. The in-service must be conducted **by** .

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Brookdale Wekiwa Springs
[redacted], 2015

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact [redacted]. Lorraine Henry, ALF Supervisor (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ _ _ _ _ _ _ _ _, 2015

Administrator
Brookdale Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703

RE: CCR #2015005613 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on _ , 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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AHCA.MyFlorida.com