STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	11/13/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CROWN POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **10050 OLD ST. ROAD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

On , 2015 an unannounced biennial relicensure survey with Limited Nursing Servives (LNS) and Extended Congregate Care (ECC) was conducted at Brookdale Crown Point Assisted Living. Deficient practice was identified as a result of the survey.

0031 Resident Care - Third Partv Services

Based on record review and interview with the Administrator, the facility failed to ensure third party contracts with facilities providing third party services in the facility.

The findings include:

Record review of the Limited Nursing Services (LNS) log on / revealed 3 clients receiving hospice services.

On / at 9:40 am a request for third party contracts for hospice services from the Administrator. An interview with the Administrator stated he does not have any third party contracts. He stated, the only contract he has was for lawn maintenance.

An interview with the LNS nurse on / at 10:20 am confirmed three clients were receiving hospice services.

Class III

0081 Trainina - Staff In-Service

Based on record review and interview with the administrator, the facility failed to provide documentation of in-service training on activities of daily living (Employee A) and Incident reporting (Employee C) for 2 of 3 sampled employees.

The findings include:

Record review of Employee A on / revealed there was no training for activities of daily living in her employee file.

On / at 2:48 pm an interview with the administrator revealed he was unable to locate activities of daily living for Employee A in her employee file.

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	AL11964646	11/13/2015
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

A review of Employee A file was conducted on /. There was no incident reporting training in the file.

Interview was conducted with the Director of Nursing (DON) at 2:40 pm on /. The DON stated that she could not find the incident teporting training for Employee C.

Class III

0082 Training - /

Based on employee record review and interview with the administrator, the facility failed to provide 2 out of 3 sampled employees (Employee A & B) training in ( ) within 30 days of hire.

The findings include:

On / record review of Employee A revealed a hire date of and Employee B transfer date of /, revealed there was no training in either employee's files.

On / at 2:55 pm an interview with the administrator stated he was not able to locate any training for Employee A or Employee B. He stated Employee B transfer from another facility and he should have had the training in his record.

Class III

0090 Training -

Based on emplovee record review and interview with the Administrator, the facility failed to provide training in ( ) within 30 days of hire for 1 out of 3 sampled employees (Employee A).

The findings include:

Record review of Employee A on / revealed a hire date of . Review of her employee file revealed there was no training on in her employee file.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	**11/13/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

An interview with the Administrator on / at 2:55 pm revealed he was unable to locate training on for Employee A in her employee file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Crown Point
10050 Old St. Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services and Extended Congregate Care 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 7, 2016.** 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,

Meyering, R
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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