STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	7199 GREENBORO DR MELBOURNE, FL 32904

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

0000 Initial Comments

Complaint Investigation #2015007280 was conducted on . Brookdale of West Melbourne had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview, the facility retained 2 of 6 sampled residents, who had a pattern aggressive physical and verbal behaviors towards residents and staff (#1 & 2).

Findings:

1. Record review for resident #2 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of type with behavioral disturbances. The resident was independent with all activities of daily living.

Review of facility notes revealed:
/ resident admitted to the Memory Care Unit
and - resident agitated
/ very agitated ( ) as needed (prn) given, new order for
( ) 12.5 milligrams (mg)
/ agitated from 2-10 PM, and aggressive, given. given at 5:30 PM
/ saw primary physician regarding medications. Resident to consult with psychiatry on / /
/ / 2-10 PM aggressive hitting medication cart, given.
2 pm given, kicking medication , picked up chair, stated he would throw it thru the window, threw at nurse instead. Redirected, threatened to put fist thru glass on door. Continued to be aggressive, redirected. Physician and family aware. 9 PM continued yelling, I will break everything call police and get out of here. I will not take any more meds from this place. Redirected agitated and aggressive and ( ) given.
/ / raising fists, threatening to hurt someone, hit picture frame with elbow, prns (as needed medication) given, stated if he hears more doors slammed he is going to kill someone, redirected and monitored closely. / , / , / / agitated prns given. Seen by Social Worker on / /
and agitated prn given.
/ 10:30 PM increased agitation, given, refused meds, threatened to throw plates at residents at the table, attempted to contact nurse's face, he violently hit this nurse (who was) in her back with a closed fist. Aide attempted to intervene, resident was extremely aggressive and physically combative while trying to intervene. Resident removed from other residents. 911 called. Physician will evaluate in AM on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

resident yelling wants to go home. Physician saw resident this AM, resident calmed down, then started yelling and screaming. Resident punched staff in shoulder and pushed them up against the wall. Unable to apply ( ) gel. Resident apologized. Physician aware. To be admitted to unit tonight from 2-10 PM. gel at 4:15 PM. Transported at 10:13 to unit.
The resident was agitated, physically aggressive and combative from until discharge on and was a threat to the safety of the residents.
/ resident remained in the unit.
Interview at 2 PM on , staff D stated the physician had informed the nurse the resident was not appropriate for the facility when the resident was first admitted to the facility, and the physician was trying to monitor and change his meds.
On at 4:15 PM, the administrator stated the resident was admitted from the unit. The floor nurse let us know that the resident care supervisor was reporting information about the resident to her. She was not relaying information to me and the Health and Wellness nurse about the resident. The resident care supervisor was told not to call the police without following the proper procedure. She did not understand the process after we explained it to her.

2. Review of resident #1's health assessment report 1823 dated / listed diagnosis of "Thinks she lives at home, has not had aggressive behaviors."

A mental health care provider in-patient facility admission summary, dated , indicated the resident was admitted and discharged on / . The diagnosis was with early onset with behavioral disturbance. She was a couple of days ago and sent to an assisted living facility. She was not listening to staff instruction, tried to bite, kick and hit because she would not take medications. The resident stated the staff provoked her. She was found competent to provide expressed informed consent.

Facility note dated read, "Resident hit female resident in her face with fist. (resident attendant) was redirecting resident while in dining area. Resident turned and punched on the face. Family member was made aware of the incident. given."

Facility note dated / at 6:30 PM read, "Resident slapped across face while she served dinner. Plates were broken as they hit the floor."

Facility note dated at 12:30 PM indicated the resident was given as needed (PRN) for agitation. She stated she was tired of "that man" (a resident), and added, he kept following her.

Facility note dated (2-10 PM) read, "Resident called 911, stated she was robbed and strangled. The Melbourne Police came, spoke with resident who stated it happened to her at her condo not here.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	7199 GREENBORO DR MELBOURNE, FL 32904

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

Resident with increased and agitation given."

Facility note dated at 10:45 PM read, "Earlier during shift resident had increased and agitation. Voiced some men took her and sold her body for , wanted to call all staff and management. given."

Facility note dated / at 12:40 (AM or PM not noted) read, " (an) 0.25 mg. (milligrams) prescribed in hopes to help with agitation."

Facility note dated at 11:50 AM read, "Resident used profanity at other residents. Told them to shut up. Hit medication . Cursed at staff when asked what the matter was."

Facility note dated read, "At around 9:30 AM, resident became verbally , smacked glass door very hard, redirection attempts were unsuccessful. given."

Facility note dated read, "Observed slamming utensils in dining , told other resident to shut up. Threatened to throw water on a female resident. given."

Facility note dated indicated that at 3:30 PM, "Resident was observed to push another resident. Doctor made aware."

Facility note dated at 7:30 (AM/PM not indicated) read, "Nurse spoke with doctor regarding increased agitation and change in mental status. Urinalysis requested. Earlier that day the resident called 911 reported her car was stolen. Explained to police that call was coming from a memory care unit. At 7:45 a female police officer responded to 911 call regarding resident's call about a stolen car. Spoke with husband who assured her that resident has no car."

Facility note dated / (2-10 PM) read, "Resident attempted to push another resident stated she was getting rid of him/her. Resident's behavior was unprovoked. given."

Facility note dated / at 8:40 AM read, "Resident pushed a male resident. Doctor made aware of resident's increased aggressive behavior. Administrator and Registered Nurse made aware."

Facility note dated at 11:20 (AM/PM not indicated) read, "Resident punched another resident in stomach. Doctor made aware."

Facility note dated / at 2 PM read, "Resident given , also has personal sitter to assist in monitoring the resident."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Facility note dated / at 1:30 PM read, "Resident scratched a staff across the face. Resident was walking. A Home Health Aide informed nurse that resident's behavior was slightly (illegible). The resident yelled, she paid her to work. They continued walking, the resident aggressively pulled the aide's arm and yelled that she paid her to work for her. The resident spit on the nurse's face and began swinging arm in attempt to slap her. The nurse held her arm, the resident began to kick. Other staff heard the commotion and walked resident away."

Facility note dated / (2-10 PM) read, "Resident slapped activities' staff across face. Resident was given . Resident threatened multiple other residents and staff. Fear was expressed by other residents. Administrator and Registered Nurse made aware."

Facility note dated at 10:15 AM read, " informed nurse that resident hit another resident on the head with a hair brush. The other resident sustained an injury to right side of head. First Aid was given."

Facility note dated at 11:10 AM read, " stated she observed resident to swing at another resident and using profanity. Other resident was not injured, but shaken up. Urinalysis showed normal growth. At 12:50 PM called to doctor to hopefully obtain a . Doctor ordered laboratory work and urinalysis. Resident needed to be medically cleared before . Administrator made aware."

Facility note dated / at 6:30 PM read, "Doctor signed order for . Resident hit another resident before leaving for Circles of Care, sitter not at her side."

A Certificate of Professional Initiating Involuntary Exam dated indicated diagnosis of with agitation and aggressive behavior. The resident stated she gets irritated by negative thoughts and then explodes assaulting the staff unpredictably. There is substantial likelihood that without care or treatment the resident will cause serious bodily harm to others.

On /, the resident was transported to a mental health care receiving facility.

In an interview on / at approximately 4:12 PM, the administrator stated we train staff to re-direct the residents, to work as a team. The nurse manager assessed these residents and deemed them appropriate. She expressed concern when former staff called in complaint. The staff would report issues to administrator, and wellness director would not address issues. She would tell the staff that the administrator would not allow certain things to be done. She depended on her staff to properly assess residents and she did not do her job. When issues began, she ran out.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Class III

0025 Resident Care - Supervision

Based on observation, record review and interview, the facility failed to ensure they provided adequate supervision to prevent aggressive behavior, a with , and an elopement for 5 of 6 sampled residents residents (#1, 2, 3, 5 & 6).

Findings:

1. Record review for resident #2 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnosis of type with behavioral disturbances. The resident was independent with all activities of daily living.

Review of facility notes revealed:

resident admitted to the Memory Care Unit

and - agitated
very agitated ( ) as needed (prn) given, new order for
( ) 12.5 milligrams (mg)
/ / agitated from 2-10 PM, and aggressive, given. given at 5:30 PM
saw primary Dr. regarding meds. To consult with psychiatry. Psychiatry to do evaluation on
.
/ / 2-10 PM aggressive hitting medication cart, given.
2 pm given, kicking medication , picked up chair stated he would throw it thru window, threw at nurse instead. Redirected, threatened to put fist thru glass on door. Continued to be aggressive. Redirected, physician and family aware. 9 PM continued yelling, I will break everything call police and get out of here. I will not take any more meds from this place. Redirected
/ / agitated and aggressive and ( )
/ raising fists threatening to hurt someone, hit picture frame with elbow, prns (as needed medication) given, stated if he hears more doors slammed he is going to kill someone, redirected and monitored closely. / , / , / agitated prns given.
/ , and agitated prn given.
/ 10:30 PM increased agitation, given, refused meds, threatened to throw plates at residents at the table, attempted to contact nurse's face, he violently hit this nurse (who was) in her back with a closed fist. Aide attempted to intervene, resident was extremely aggressive and physically combative while trying to intervene. Resident removed from other residents. 911 called.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Physician will evaluate in AM on
/ resident yelling wants to go home. Physician saw resident this AM, resident calmed down, then started yelling and screaming. Resident punched staff in shoulder and pushed them up against the wall. Unable to apply gel. Resident apologized. Physician aware. To be admitted to unit tonight from 2-10 PM. gel at 4:15 PM. Transported at 10:13 to unit.
The resident was agitated, physically aggressive and combative from / until discharge on and was a threat to the safety of the residents.
resident remained in the unit.

On at 2 PM, staff D stated the physician had informed the nurse the resident was not appropriate for the facility when resident he was first admitted, and the physician was trying to monitor and change his meds.

On at 4:15 PM, the administrator stated the resident was admitted from the unit. The floor nurse let us know that the resident care supervisor was reporting information about the resident to her. She was not relaying information to me and the Health and Wellness nurse about the resident. The resident care supervisor was told not to call the police without following the proper procedure. She did not understand the process after we explained it to her. She was made aware the resident did not have adequate supervision during his aggressive episodes to ensure he did not disrupt the residents and cause injury to others.

2. Review of the 1823 for resident #3 dated / indicated diagnoses of , left foot digit and . The resident was independent eating and needed assistance with bathing, dressing, , toileting, transferring and ambulation.
Review of facility notes revealed:
/ / swinging and hitting her TV, very , TV .
1:15 PM very agitated and , screaming out, redirected, prn given.
4:00 PM increased agitation, prn given. 4:30 PM got into altercation with another female resident, redirected.
increased agitation, given.
/ 8 PM large on right hand, unable to explain how it happened.

Incident Report dated at 10:30 AM indicated the resident was hit with hairbrush in the forehead by another resident, ice pack to , other resident was removed from the facility. At 5:30 PM, another resident struck this resident in the face, other resident had sitter assigned to her but they were not with her at the time. Resident had .

On at approximately 5 PM, the administrator was made aware the residents did not have

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7199 GREENBORO DR MELBOURNE, FL 32904	

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

adequate supervision to prevent altercations with injuries.

3. Review of the 1823 for resident #5 dated revealed diagnoses of and agitation on . The resident was independent with ambulation and transferring, and needed assistance with eating, bathing, dressing, , toileting and transferring.

On at approximately 2:15 PM, staff D stated the housekeeper was vacuuming at the time. The resident tripped over the vacuum cleaner cord, she got it wrapped around her foot. She heard her and the resident called out. She was on the floor when I saw her. 911 was called, and she went to the hospital. She had a hip and surgery.

Review of the Adverse Incident Report dated revealed the resident yelled out and staff immediately responded. The resident tripped over the vacuum cleaner cord that had been extended across the hallway. The resident complained of pain to her right hip area. X-ray revealed a right hip . The resident was sent to the hospital.

The facility did not ensure the housekeeping staff performed their duties in a safe manner when they left the vacuum cleaner cord across the hallway, which led to the resident's with a .
4. Record review for resident #1 revealed a health assessment report 1823 dated / that listed diagnosis of . "Thinks she lives at home, has not had aggressive behaviors."

A mental health care provider in-patient facility admission summary, dated / , indicated the resident was admitted / and discharged on /. The diagnosis was with early onset with behavioral disturbance. She was a couple of days ago and sent to an assisted living facility. Was not listening to staff instruction, tried to bite, kick and hit because she would not take medications. The resident stated the staff provoked her. She was found competent to provide expressed informed consent.

Facility note dated / read, "Resident hit female resident in her face with fist. (resident attendant) was redirecting resident while in dining area. Resident turned and punched on the face. Husband made aware of the incident. given."

Facility note dated at 6:30 PM read, "Resident slapped across face while she served dinner. Plates were broken as they hit the floor."

Facility note dated at 12:30 PM indicated the resident was given as needed (PRN) for agitation. She stated she was tired of "that man" (a resident), and added, he kept following her.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Facility note dated / (2-10 PM) read, "Resident called 911, stated she was robbed and strangled. The Melbourne Police came, spoke with resident who stated it happened to her at her condo not here. Resident with increased and agitation given."

Facility note dated / at 10:45 PM read, "Earlier during shift resident had increased and agitation. Voiced some men took her and sold her body for , wanted to call all staff and management. given."

Facility note dated / at 12:40 (AM or PM not noted) read, ". (an) 0.25 mg. (milligrams) prescribed in hopes to help with agitation."

Facility note dated at 11:50 AM read, "Resident used profanity at other residents. Told them to shut up. Hit medication . Cursed at staff when asked what the matter was."

Facility note dated read, "At around 9:30 AM, resident became verbally , smacked glass door very hard, redirection attempts were unsuccessful. given."

Facility note dated read, "Observed slamming utensils in dining , told other resident to shut up. Threatened to throw water on a female resident. given."

Facility note dated indicated that at 3:30 PM, "Resident was observed to push another resident. Doctor made aware."

Facility note dated at 7:30 (AM/PM not indicated) read, "Nurse spoke with doctor regarding increased agitation and change in mental status. Urinalysis requested. Earlier that day the resident called 911 reported her car was stolen. Explained to police that call was coming from a memory care unit. At 7:45 a female police officer responded to 911 call regarding resident's call about a stolen car. Spoke with husband who assured her that resident has no car."

Facility note dated (2-10 PM) read, "Resident attempted to push another resident stated she was getting rid of him/her. Resident's behavior was unprovoked. given."

Facility note dated at 8:40 AM read, "Resident pushed a male resident. Doctor made aware of resident's increased aggressive behavior. Administrator and Registered Nurse made aware."

Facility note dated / at 11:20 (AM/PM not indicated) read, "Resident punched another resident in stomach. Doctor made aware."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Facility note dated at 2 PM read, "Resident given , also has personal sitter to assist in monitoring the resident."

Facility note dated / at 1:30 PM read, "Resident scratched a staff across the face. Resident was walking. A Home Health Aide informed nurse that resident's behavior was slightly (illegible). The resident yelled, she paid her to work. They continued walking, the resident aggressively pulled the aide's arm and yelled that she paid her to work for her. The resident spit on the nurse's face and began swinging arm in attempt to slap her. The nurse held her arm, the resident began to kick. Other staff heard the commotion and walked resident away."

Facility note dated / (2-10 PM) read, "Resident slapped activities' staff across face. Resident was given . Resident threatened multiple other residents and staff. Fear was expressed by other residents. Administrator and Registered Nurse made aware."

Facility note dated / at 10:15 AM read, " informed nurse that resident hit another resident on the head with a hair brush. The other resident sustained an injury to right side of head. First Aid was given."

Facility note dated at 11:10 AM read, " stated she observed resident to swing at another resident and using profanity. Other resident was not injured, but shaken up. Urinalysis showed normal growth. At 12:50 PM called to doctor to hopefully obtain a . Doctor ordered laboratory work and urinalysis. Resident needed to be medically cleared before . Administrator made aware."

Facility note dated at 6:30 PM read, "Doctor signed order for . Resident hit another resident before leaving for Circles of Care, sitter not at her side."

A Certificate of Professional Initiating Involuntary Exam dated / indicated diagnosis of with agitation and aggressive behavior. The resident stated she gets irritated by negative thoughts and then explodes assaulting the staff unpredictably. There is substantial likelihood that without care or treatment the resident will cause serious bodily harm to others.

On / , the resident was transported to a mental health care receiving facility.

In an interview on at approximately 4:12 PM, the administrator stated we train staff to re-direct the residents, to work as a team. The nurse manager assessed these residents and deemed them appropriate. She expressed concern when former staff called in complaint. The staff would report issues to administrator, and wellness director would not address issues. She would tell the staff that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

administrator would not allow certain things to be done. She depended on her staff to properly assess residents and she did not do her job. When issues began, she ran out.

5. Review of the facility's Adverse Reports revealed one dated for resident #6 that indicated an elopement took place. The resident, who had , was escorted by Melbourne Police Department. He was walking on Greenboro Drive towards Ellis Boulevard. No injury was sustained. Corrective actions - all exit alarms check to make sure working appropriately. Elopement drills have been conducted. Policies and Procedures reviewed. All residents check to ensure identification on. All at risk residents have been identified and documented.

Resident#6's health assessment report form 1823 dated indicated diagnosis of . He was , had limited memory - currently moderate to severe . The healthcare provider deemed the resident at risk of elopement.

Facility notes indicated that on:
/ / at 7 PM - Police here to investigate missing person report from Georgia. Family member here explained resident not missing, family had long problem with court.

Facility notes:
/ at 10:50 AM "exit seeking after breakfast"
/ "pacing, |"
/ / 6-2 PM "Resident exited building, returned by West Melbourne Police"
/ at 12:45 (AM or PM not indicated) "Attempted to exit building, kitchen staff redirected; the resident hit her in the stomach."

Observations on at approximately 2:10 PM found the resident sitting in dining 2 other male residents. He stated we just had a meeting and "you were magnificent".

In an interview on / at approximately 4:12 PM, the administrator stated the staff were not aware the resident was missing. He was seeing after lunch. They realized he left the facility unescorted when he was returned by the West Melbourne Police. Mostly everybody in Memory Care Unit was an elopement risk. We treat all the same, we would not do anything different for a resident.

Class II

0079 Staffing Standards - Levels

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR MELBOURNE, FL 32904**	

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

Based on record review and interview, the facility failed to ensure they had an up to date staff schedule and adequate staffing to meet the resident needs.

Findings:

On / at approximately 1:45 PM, staff D stated, "We do not have enough staff for the level of care we have to provide to the residents. At times there were only 3 aides on a shift. We had 6-7 residents who needed 2 person lifts. We need 4 aides to provide care to 32 residents. The aides do laundry, set the tables and sweep also. There were 7 residents who are continent, and 25 residents were

At approximately 3 PM on , staff E stated "Staffing was a problem here. When people call out, sometimes we will work short. They hired people to cover. Sometimes they can not come in. If there are only 2 persons working, we can not handle all of the residents. We can not get everyone bathed. We do the laundry, the care, make their beds, and do care. We will give the residents a bed bath if we do not have enough help to shower them. She said staff G came in about 5:30 PM yesterday, as we did not have enough help. We worked with 2 yesterday."

At approximately 3:20 PM on , staff F stated "There were only 2 of us yesterday on the evening shift. We served food, fed residents, and provided care, we cleaned the dining cleaned the kitchen and did the dishes. We shower the ones that need one, we shower those that did not get showered the next day. We do a bed bath we do not have enough help to do a shower. She said staff G came in about 5:30 -6 PM to help until 10 PM."

Review of the staff schedule revealed it was not up to date on / . Staff G was not listed on the schedule but came in to work at 5:30 PM.

On at approximately 5 PM, the administrator said she was made aware the staff schedule was not up to date and more staff was needed to provide care to the residents.

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 law enforcement conducted an investigation at the facility when 1 resident reported she was and robbed (#1).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	09/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR** **MELBOURNE, FL 32904**	

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

Findings:

Review of resident #1's health assessment report 1823 dated that listed a diagnosis of

Facility note dated (2-10 PM) read, "The resident called 911, stated she was robbed and strangled. The Melbourne Police came, spoke with resident who stated it happened to her at her condo, not here. Resident was with increased and agitation, given."

Facility note dated at 7:30 (AM/PM not indicated) indicated nurse spoke with doctor regarding increased agitation and change in mental status. "Urinalysis requested. Earlier that day the resident called 911 reported her car was stolen. Explained to police that call was coming from a memory care unit. At 7:45 (AM/PM not indicated) a female police officer responded to 911 call regarding resident's call about a stolen car. Spoke with family member who assured her that resident had no car."

On at approximately 4:12 PM, the administrator stated adverse reports were not filed because the resident was and her allegations were unfounded.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Brookdale West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904
Attention: Courtney Legg

Dear . Legg:

This letter reports the findings of a complaint investigation (2015007280) 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 aggressive behavior, a with a and an elopement for residents.

Directed Corrective Actions:

1. Your facility must establish policy and procedures regarding providing appropriate care and services to meet the individual needs of your facility's residents. These procedures must include how to manage residents with aggressive behaviors. This should include but limited to how to calm the residents, knowing the facility's residents and recognizing behavioral changes and increasing supervision, including one to one supervision. The policy and procedures should also include care meetings, including staffing residents for higher level of care. The policy and procedures should also address supervision and interventions to address risk and awareness of residents' whereabouts to prevent elopements. The policy and procedures must be completed **by** .

2. Your facility must conduct in-service training's for all staff on the new policy and procedures. Documentation of this training, including the agenda, sign-in sheets and content must be kept at the facility and available for agency review up request. The facility must include the Housekeeping staff in the training for due to the cord from the vacuum cleaner been left across the hallway which resulted in the resident sustaining a with a . The Housekeeping staff she be trained or retrained on the dangers of leaving equipment plugged in

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

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

and the cord stretched across the flow putting all residents; especially residents at risk for with injuries. The in-service must be conducted **by** .

3. The Facility must retrain staff on your elopement policy and procedures. Alarms and exit doors should be checked weekly to make sure the alarms and the doors are locked and are in good working order. Also residents who have been identified to be a risk for elopement should be checked for identification. This must be documented and sign in sheets kept for review upon Agency request. This must be completed **by** .

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 . Lorraine Henry, ALF Supervisor, at (407) 420-2502.

Sincerely,

Field Office Manager
Theresa DeCanio, RN

Enclosures

LH/be

D7JR

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ _ _ _ _ _ _ _ _, 2015

Administrator
Brookdale West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

RE: CCR #2015007280 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure 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

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