STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	11/05/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

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

0000 Initial Comments

A Monitoring visit for Limited Nursing Services (LNS) was conducted in conjuction with complaint investigation #2015008680 on / . Brookdale Conway had deficiencies found at the time of the visit.

0081 Training - Staff In-Service

Based on interview and personnel record review, the facility failed to provide or arrange for 1 of 4 sampled staff to attend the mandated in-service training (C).

Findings:

Personnel record review for staff C revealed she was hired . Evidence to confirm she attended a 3 hour in-service training regarding Resident behavior and needs and Providing assistance with the activities of daily living was not contained in the personnel record. There was no evidence to confirm she was a nurse Home Health Aide or a Certified Nursing Assistance, therefore exempt from the training.

On / at 4 PM, the administrator stated he was unable to locate the documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interviews and observations, the facility failed to ensure 1 of 3 unlicensed staff in a sample of 4 who provided assistance with self-administered medications completed a 2 hour continuing education class yearly (C).

Findings:

Personnel record review for staff C revealed she was not a nurse and provided asssitance with self -administration to the residents. A certificate of training for 4 hours regarding assistance with self-administration of medication was dated / . However, there was no evidence to confirm she attended a 2 hour class, yearly thereafter, due .

On / at 4 PM, the administrator stated he was unable to locate the documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0086 Training - ADRD

Based on personnel record review and interview, the facility who maintained a secure memory care area, failed to ensure that 1 of 4 sampled staff who provide direct care to residents with Alzheimer's, or Related (ADRD) received 4 hours of training, entitled " and Related Level II Training" within 9 months of employment (D).

Findings:

Personnel record review for staff D revealed a hire date of . A training dated indicated she attended 4 hours of training, entitled " and Related Level I Training". The record did not contain evidence to confirm she attended 4 hours of training, entitled " and Related Level II Training" within 9 months of employment, due .

On / at 4 PM, the administrator stated he was unable to locate the documentation.

Class III

0161 Records - Staff

Based on personnel record review and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff contained a job description (B).

Findings:

Personnel record review for staff B revealed she was hired in 2011 but a job description was not contained in the record.

On / at 4 PM, the administrator stated he was unable to locate the documentation.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Conway
5501 East Michigan Street
Orlando, FL 32822

RE: Limited Nursing Services monitoring

Dear Administrator:

This letter reports the findings of a state licensure monitoring 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 , 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 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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