STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	12/09/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OCOEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 NORTH CLARK RD** **OCOEE, FL 34761**	

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

0000 Initial Comments

On a relicensure survey with Limited Nursing Services was conducted at Brookdale Ocoee Assisted Living Facility. Deficient practice was identified during the survey.

0025 Resident Care - Supervision

Based on Record review and interview the facility failed to Obtain Daily for 1 of 3 sampled residents as Ordered by the Physician 9#).

Findings:

During the Entrance Conference on at 9:45 AM, the Health and Wellness Director Identified Resident #2 has receiving hospice services.

Record review for Resident #2 revealed a copy of a Hospice Physicians Order dated / that noted were to be taken daily. Review of the Hospice Record revealed the same order was in the record.

Further review of the Facility's record and the Hospice record revealed there was no evidence to confirm that the Resident's was taken daily as ordered by the Physician.

On at 3:15 PM the Health and Wellness Director said the hospice staff were not in the building daily to obtain the and she could not locate any documentation to confirm facility staff had obtained the daily. The Health and Wellness Director on at 4:15 PM, provided a telephone discontinue order signed by the hospice nurse who was present at the facility for the Daily checks.

Class III

0081 Training - Staff In-Service

Based on interview and personnel record review the facility failed to provide or arrange for 1 of 5 sampled staff (E) to receive the mandated in-service training.
Findings:
Personnel record review for staff # E revealed she was hired 2015. Continued review revealed no evidence to confirm she attended a 1-hour in-service training regarding: Recognizing Neglect and & Resident rights in an assisted living facility; an in-service training regarding the

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facility's resident elopement response policies and procedures, and a 1-hour in-service regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation & reporting major incidents.
An opportunity was provided to the administrator to locate the documentation.
An e mail from the administrator was received on / at 1:16 PM that included a sign- in sheet dated / that indicated a 60-minute training on the facility's mission & cornerstones. Review of the mission & cornerstone manual revealed it addressed a variety of subjects (lifting/ , medication managements/controlled medications, safety sense, fire drills, First Aid, clean and clutter free, dining, care connection and customer service). The Fire drill was a blank form, used to document fire drills.
There was a handout on "How to Elopement drill". The documentation contained no evidence of training regarding Recognizing Neglect and & Resident rights in an assisted living facility; resident elopement response policies and procedures, and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation & reporting major incidents.
In an e mail received on / / at 3 PM from the administrator who stated "I appreciate you giving me time to try, and retrieve the certificates. Unfortunately, I could not get copies up the certificates that you requested". I know the staff went through the training so I only have copies of the Training Attendance forms.
Class III

0086 Training - ADRD

Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with and related (ADRD), and 1 of 1 sampled staff (D) who provided direct care to persons with and Related (ADRD) did not obtain 4 hours of additional training within 9 months of employment and 4 hours of continuing education annually.

Findings:

Review of the staff schedule revealed Staff D worked in the Secured Memory Care unit.
Personnel Record Review for Staff D hired / had no evidence to confirm that she had received 4 hours of Additional and Related Level II Training and 4 hours of continuing education annually.

On at 4 PM the Business Office Manager said that she could not locate any documentation that Staff D had received the 4 hours of additional and Related Level II Training and 4 hours of continuing education annually.

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Class III

0167 Resident Contracts

Based on contract review and interview the facility failed to have in each resident's contract the rights, duties and of residents, other than those specified in the Resident Bill of Rights and a list of additional services and charges to be provided that were not included in the daily, weekly or monthly rates for 2 of 2 sampled resident's contracts (#2 and #3).

Findings:

Review of contracts for residents #2 and #3 revealed their contracts did not include a statement to inform the residents or their responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first.

Resident #2's contract did not list the additional charges for the Limited Nursing Service nor was there a reference to a separate fee schedule attached to the contract.
On at 3 PM, the Executive Director stated the above information was not included in the contract.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Ocoee
80 North Clark Rd
Ocoee, FL 34761

RE: Relicensure with Limited Nursing Services

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 , 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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