STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964642	01/06/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLUB HOUSE DRIVE** **PALM COAST, FL 32137**	

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

0000 Initial Comments

On , 2016 a biennial relicensure surv with Limited Nursing Services was conducted at Brookdale of Palm Coast. Deficient practice was identified during the survey.

0077 Staffing Standards - Administrators

Based on record review and staff interview, the facility failed to have the Executive Director (who is responsible for the operation and maintenance of the facility) complete CORE competency testing with 90 days of hire.

The findings include:

An employee record review for the Executive Director revealed a signed Job Description for the Executive Director position dated . Upon further review of the employee file revealed no documentation of the Executive Director passing the CORE competency test.

An interview with the Executive Director on / at 10:30 AM confirmed she had not passed the CORE competency testing.

Interview with the Executive Director on / at 10:50 AM confirmed she was responsible for the day to day operations of the facility.

CLASS III

0079 Staffing Standards - Levels

Based on employee record reviews and staff interview, the facility failed to ensure a staff member trained and has validation documentation of completing a course in

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( ) and First Aid was scheduled for all shifts.

The findings include:

An employee record review was conducted for Employee's A (works 11-7 shift) & Employee B (works 3-11 shift). There was no documentation that the employees had been certified in and First Aid.

An interview on / at 12:29 PM with the Business office Coordinator confirmed neither Employee A or Employee B had been trained in and First Aid.

An interview with the Business Office Coordinator on / at 12:29 PM was asked to verify all shifts were staffed with at least one employee who was trained in and First Aid. The Business Office Coordinator confirmed at 1:40 PM the facility did not have staff trained in and First Aid for the 11 PM -7 AM shift for the whole month of 2015 through / .

CLASS III

0081 Training - Staff In-Service

Based on employee record reviews and staff interview, the facility failed to have 2 employees receive 3 hours of training in resident behavior and needs and providing assistance with activities of daily living (ADL) and 1 hour of training in food safety (Employee A & B). In addition, the facility failed to ensure that 1 employee received 1 hour of elopement training within 30 days for (Employee C) out of 3 employees records reviewed.

The findings include:

1) An employee record review was conducted for Employee's A, resident caregiver which revealed a date of hire of . A certificate for Food Safety training dated / revealed Employee A

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received 25 minutes of food safety training instead of the required one hour. (photographic evidence obtained) In addition a certificate was found for ADL training which revealed Employee A received 60 minutes of training instead of the required 3 hours.

An interview on at 12:15 PM with the Business Office Coordinator confirmed Employee A did not have the proper amount of training for food safety and resident behavior and needs, and proper assistance with ADL's.

An interview on / at 12:20 PM with the Executive Director confirmed the training for Employee A was not complete.

2) An employee record review was conducted for Employee's B, resident caregiver which revealed a date of hire of . A certificate for Food Safety training dated revealed Employee B received 25 minutes of food safety training instead of the required one hour. A certificate for ADL was also found which revealed the Employee received 60 minutes of training on instead of the required 3 hours. (photographic evidence obtained)

An interview on at 1:15 PM with the Business office Coordinator confirmed Employee B did not have the proper amount of training for Food safety and Resident Behavior and Needs, and proper assistance with ADL's.

3) An employee record review for Employee C revealed a certificate for 1 hour elopement training conducted on conducted by the Executive Director. (photographic evidence obtained)

An interview on at 1:45 PM with the Executive Director confirmed she had not passed the Core competency testing and was not qualified to conduct the elopement training for Employee C.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Palm Coast
3 Club House Drive
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a state biennial licensure and Limited Nursing Services survey that was conducted on , 2016 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 11, 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,

Robert Dickson

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

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