STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	12/09/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MARGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 LAKESIDE DRIVE NORTH** **MARGATE, FL 33063**	

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

0000 Initial Comments

A complaint investigation (CCR# 2015009549) was conducted at Brookdale Margate on 12/09/15. There were deficiencies identified at Brookdale Margate at the time of the complaint investigation.

0008 Admissions - Health Assessment

Based on interview and record review it was determined that the facility failed to maintain an accurate and complete Health Assessment for Assisted Living Facilities (Form 1823), for 2 of 3 resident records reviewed during the course of a complaint investigation.

The findings included:

1) Resident #1 was admitted to the facility on / with a diagnosis of .
During a complaint investigation at the facility, a review of Resident #1 ' s 1823 revealed the following:

a. The entire first page of the Resident #1 ' s 1823 form was missing. The Licensed Practical Nurse (LPN) on duty attempted to locate the missing page but was unable to produce it. The LPN on duty stated that she would contact the Resident ' s physician to obtain the missing page. Items not included on the Health assessment due to the missing page included known , medical history and diagnoses, physical or sensory limitations, or behavioral status, nursing/treatment/ requirements, and special precautions.

b. Page 2 of Resident #1 ' s 1823 indicates that the Resident ambulates independently. Nowhere on the form is there documentation of the Resident using a rolling walker to ambulate.
Review of Resident #1 ' s facility file revealed a progress note which included the following- " Checking on Resident. In apartment ambulating with rolling walker. Gait slow, steady. O2 ( ) at 2 liters per minute via nasal cannula. "

A / 11:30 AM interview with the LPN on duty was conducted. The LPN confirmed that the Resident uses the assistive device of a rolling walker to ambulate.

2) Resident #2 was admitted to the facility on / with diagnoses to include chronic

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, Type II , , and .
Review of the Resident ' s current 1823, dated 10/02/15 revealed that nursing treatments included , treatments, and with the Activities of daily living.
Nowhere on the 1823 form was there documentation that Resident #2 was receiving hospice services.

A review of Resident #2 ' s hospice notes confirmed that the Resident has been under hospice services during her entire stay at the facility.

During a / 11:50 AM interview with the hospice agency Registered Nurse, the Registered Nurse confirmed that Resident #2 has been receiving hospice services since before her admission to the facility.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record reviews, and interviews, it was determined that the facility failed to maintain a clean and hazard free environment. The facility failed to maintain moldings, carpeting and furnishings. The facility also failed to ensure that all electrical outlets were maintained in safe working order.

The findings included:

1) During a complaint investigation at the facility, the surveyor observed that an electrical outlet on the second floor of the south wing was not maintained in a safe manner. The surveyor observed that a 2 socket electrical outlet in the nurse ' s station was protruding from the wall with the junction box visible. There was no face plate on the outlet, leaving the sockets exposed. The outlet was heavily laden with dust. There were 2 power strips plugged into the exposed sockets, with a total of 12 plugged into the power strips. Photographic evidence was obtained.

2) On the surveyor observed the following:

a. The second floor north wing-

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SUMMARY STATEMENT OF DEFICIENCIES
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The hallway carpeting between rooms 280-291 was heavily stained and streaked with a black substance. The hallway wainscoting was . The handrail outside of room 289 was missing.Several door frames were scraped and dirty with a dried brown substance in a splash pattern on the doors. The carpeting leading to the doorways was heavily soiled.

b. The second floor south wing-
The hallway carpeting was heavily stained.The hallway baseboards near the elevator were chipped, marred, and stained with a dried brown substance in a splash pattern
The upholstered bench across from the elevator was soiled and stained

c. The third floor south wing-
The doorway to was stained with a black substance, the green paint was deeply gouged, and the door frame was chipped and had peeling paint.The hallway carpeting was stained with a black substance and soiled with white debris.
Photo documentation was obtained.

During a -up interview with the Director of Maintenance (DOM), the DOM stated that there were no immediate plans to replace carpeting or make carpentry repairs in the patient residence areas. The DOM stated that there was a long term facility renovation plan in place. The surveyor ' s findings were not disputed. No work orders for the aforementioned items were produced.

Class III

0181 Emergency Plan Approval

Based on interviews and record review, it was determined that the facility failed to submit a current Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for the required review and approval. This resulted in the facility ' s CEMP being out of compliance with the local emergency management agency.
Furthermore, the facility failed to notify the emergency management agency of its , 2014 name change. This failure has the potential to negatively affect 182 of 182 residents living at the facility.

The findings included:

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During a 12/09/15 complaint investigation conducted at the facility, the Director of Maintenance was asked to provide documentation of a currently approved Comprehensive Emergency Management Plan. An approval letter from the local emergency management agency (EMA) was provided. The letter indicated that the facility ' s CEMP was approved through , 2015. Facility personnel were unable to provide a current approval letter. Photographic evidence was obtained.

On at 9:40 AM, a telephone interview was conducted with an Emergency Management at the local EMA. The reviewed the facility ' s EMA records and informed the surveyor that the facility does not have a currently approved Comprehensive Emergency Management Plan on file with the EMA, and that the facility has submitted no documents since 2014. The stated that the facility is " definitely out of compliance " . The , also informed the surveyor that the facility had not informed the EMA of its / name change.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Margate
5600 Lakeside Drive North
Margate, FL 33063

RE: CCR #2015009549

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 23, 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 representative. Should you have any questions please call this office at 561-381-5852.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com