STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	02/11/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DR PHILLIPS 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **8015 PIN OAK DR.** **ORLANDO, FL 32819**	

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

0000 Initial Comments

Re-licensure survey with Limited Nursing Services was conducted on . . /_ . . . Brookdale Dr. Phillips 2 had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on Record review and interview, the facility did not ensure the coordination of care between the Assisted Living Facility (ALF) and the licensed hospice agency, including developing and implementing an individualized Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 3 Sampled residents (#3).

Findings:

Record review including a review of the Hospice Record for Resident #3 revealed she was admitted into Hospice on / . There was no individualized Hospice Interdisciplinary Care Plan that was coordinated between the hospice agency and the ALF found in either record.

The Resident Care Director reviewed the record and called hospice to obtain the interdisciplinary Care plan.

On / at 5 PM, the Resident Care Director stated she could not find an Interdisciplinary Care Plan that was coordinated between the hospice agency and the ALF found in either record.

On the facility emailed a copy of the Interdisciplinary Care Plan that was dated / / . Further review of the Interdisciplinary Care Plan revealed the Hospice Agency Registered nursed documented that it was a late entry and dated the form .

There was no individualized Hospice Interdisciplinary Care Plan coordinated between the hospice agency and the ALF prior to the Resident's hospice Admission.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility did not provide care and services appropriate to the needs of 1 of 3 sampled residents and did not follow healthcare provider's orders for administration of .

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Findings:
In an interview with Resident #1 on , who stated the nurses put her on at night and took off her in the morning. She used it at bedtime.
Resident record review for Resident #1 revealed she received Limited Nursing Services for the administration of at night for sleep . A healthcare provider's order dated indicated at 3 liters per minute. The order was changed on to 2.5 liters per minute. A Physician Order Sheet (POS) dated indicated at 2.5 liters at bedtime and remove in AM.
Continued review revealed nurse's progress notes dated from to . The nurse's notes document the was applied, however there are no written evidence to confirm that from to the was applied at 3 liters per minute as ordered. Review of the nurse's notes dated from to revealed the was applied at bedtime, at 2 liters per minute. There was no evidence to confirm the resident 's was applied as per healthcare provider's order of 2.5 liters per minute.
In an interview with the Health and Wellness Director on at 4:15 PM who stated the nurses most likely applied the to the correct concentration but did not document correctly.
Class III

0056 Medication - Labeling and Orders

Based on observations and interview the facility did not ensure to store a prescription drug for administration unless it was properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C, for 1 of 1 medication passes.
Findings:
In an interview with the Health and Wellness Director on at 11 AM, who stated that nurses administered the medications from 7 AM to 11 PM and the unlicensed staff pass medications during the evening if needed, but the nurses from the other building came over to administer as needed medications.
Observations on at 11:30 AM, during the medication pass noted the Licensed Practical Nurse (LPN) retrieved a bottle of 81 milligram. The bottle had a healthcare provider's order around it, held by a rubber . Continued observation noted she administered the to the resident.
In an interview with the Health and Wellness Director on at 11 AM, who she was not aware that an order could not be placed over an OTC, as she had always done it that way.
Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled

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SUMMARY STATEMENT OF DEFICIENCIES
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staff (# E) to attend the mandated in-service training.
Findings:
Personnel record review for staff # C revealed she was hired and was a Resident Care Attendant, not a nurse, a Home Health Aid or a Certified Nursing Assistant. Continued review revealed no evidence to confirmed she attended an in-service training regarding minimum of 1-hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents; a 3-hour in-service training regarding Resident behavior and needs and Providing assistance with the activities of daily living; a 1-hour in-service training regarding Resident Rights in an assisted living facility; Reorganizing , Neglect and , a 1-hour in-service training regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and major incident reporting; a 1-hour in-service training regarding safe food handling practices, within 30 days of hire.
In an interview on / at 4:45 PM with the Business Office Manager, who stated the training was done electronically. He searched for evidence of the in-service training and was not able to locate any documentation to confirm the staff took the in-services training.
Class III

0082 Training - /

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled staff (# E) to attend the required education course on / (/) within 30 days of employment.

Findings:

Personnel record review for staff # C revealed she was hired and was a Resident Care Attendant. Continued review revealed no evidence to confirm a one-time education course on and , within 30 days of employment. The review revealed she was not a nurse, therefore exempt from the requirement.

In an interview on / / at 4:45 PM with the Business Office Manager, who stated the training was done electronically. He searched for evidence of the in-service training and was not able to locate any documentation to confirm the staff took the class.

Class III

0086 Training - ADRD

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Based on personnel record review and interview, the facility who provided special care for persons with and related (ADRD), failed to have evidence that 2 of 5 sampled staff (B and C) who had regular contact with persons with and Related (ADRD) obtained 4 hours of initial training within 3 months of employment (Level I) and the Additional 4 hours of ADRD training within 9 Months (Level II).

Findings:

The facility was a secured memory care building.
Personnel record review for staff A hired / and Staff B was hired both had their annual ADRD updates on / .

Further Personnel record review revealed there was no documentation to confirm that staff B and staff C had obtained 4 hours of initial training ADRD within 3 months of employment and the Additional 4 hours of ADRD training within 9 Months. Both Staff had regular contact with Residents who had ADRD.

On / at 5 PM, the Business Office Manager said he could not locate any documentation to confirm that Staff B and C had received ADRD Level I and Level II training.

Class III

N277 LNS - Resident Care Standards

Based on resident record review and interview the facility did not make sure that nursing services were conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community for 1 of 3 sampled residents (#1), who received Limited Nursing Services (LNS).
Findings:
Resident record review for Resident #1 revealed she received Limited Nursing Services for the administration of at night for sleep . A healthcare provider's order dated indicated at 3 liters per minute. The order was changed on to 2.5 liters per minute. A Physician Order Sheet (POS) dated / indicated at 2.5 liters at bedtime and remove in AM. The review revealed nursing assessments dated and /5 that were signed by a Licensed Practical Nurse (LPN).
Nursing assessments dated , / and were conducted by the LPN and co-signed by the Registered Nurse (Health and Wellness Director).
In an interview with the Health and Wellness Director on / at 4 PM who offered no comment.
Class III

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N278 LNS - Records

Based on record review and interview the facility failed to ensure that complete nursing progress notes and nursing assessments were maintained for 1 resident (#1) in a sample of 3 who received limited nursing services (LNS).
Findings:
During the facility entrance interview on / at approximately 9:15 AM resident #1 was identified as receiving LNS for the application and removal of .
Resident record review for Resident #1 revealed she received Limited Nursing Services for the administration of at night for sleep . A healthcare provider's order dated indicated at 3 liters per minute. The order was changed on to 2.5 liters per minute. A Physician Order Sheet (POS) dated / indicated at 2.5 liters at bedtime and remove in AM.

Continued review revealed the nursing monthly assessments did not always indicate the resident's health status and the response to the nursing service, changes in the scope of services provided that included hospice and recommendations for modification of the resident's care, if warranted. The assessments indicated the resident was on , but did not address her response to the use of the or how many litters per minute were used.

In an interview with the Health and Wellness Director on / at 4 PM who offered no comment.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Dr Phillips 2
8015 Pin Oak Dr.
Orlando, FL 32819

RE: Relicensure w/Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 anio, RN
Field Office Manager

LH/be
Enclosure

XG90

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