STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	02/19/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 WEST SAMPLE ROAD** **COCONUT CREEK, FL 33073**	

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

0000 Initial Comments

Amended Report / .

A biennial relicensure survey was conducted at Brookdale Coconut Creek on and / . Brookdale Coconut Creek had deficiencies at the time of the survey.

0031 Resident Care - Third Partv Services

Based on interviews and record review, the facility failed to adhere to its own policy regarding coordination of services with outside agencies, for 1 of 1 residents reviewed (Resident #1). The facility staff, nor the privately contracted registered nurse maintained documentation of the care or condition of Resident #1 ' s . Furthermore, the contracted registered nurse provided no interdisciplinary treatment plan to guide and coordinate the care and monitoring of the resident ' s , , or surrounding skin. The contracted registered nurse did not sign in and out of the facility during care visits.

The findings included:

A review of facility records revealed that Resident #1 ' s Resident Health Assessment for Assisted Living Facilities included diagnoses of , , and an secondary to .

During an interview on / / at 10:45 AM with the facility ' s Resident Care Coordinator(RCC), the RCC stated that care for Resident #1 ' s is provided by a registered nurse whose services are contracted by the resident ' s family. The surveyor asked for and received the name of the registered nurse. An immediately subsequent review of the memory care unit sign in logs for the months of , 2016 and , 2016 revealed no documentation of the contracted registered nurse visiting the resident.

During a telephone interview on / at 11:00 AM with the privately contracted registered nurse (RN), the RN confirmed that she provides care for Resident #1. The RN stated that she has cared for Resident #1 for 8 years. The RN stated that she generally visits the resident twice weekly and " if there is a problem " . The RN confirmed that she does not sign in when she visits the resident at the facility ' s memory care unit. The RN stated that she had no notes of the visits to the facility or

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documentation of the condition of the resident ' s skin, the ileostomy , or the date and time that the ileostomy wafer is changed. The RN admitted that she does not routinely provide written or verbal information to the facility nurses to confirm that colostomy care was actually provided. The RN confirmed that she has not provided or participated in the development of an interdisciplinary treatment plan to guide facility staff in the care and monitoring of Resident #1 ' s , , or surrounding skin.

During a review Resident #1 ' s facility records, the surveyor was unable to locate any documentation of the condition or care of Resident #1 ' s or surrounding skin by facility staff. During an interview on at 11:30 AM , the RCC confirmed that the facility nurses do not document the care or condition of Resident #1 ' s , , or surrounding skin in facility records. The RCC confirmed that the contracted RN has no treatment plan in place to identify who is responsible for each aspect of the resident ' s care, or to identify what signs or symptoms facility staff should observe for and report to the RN.

A review of the facility ' s policy titled ' Coordination of Services with Outside Agencies' on / at 3:45 PM revealed the following:

1) Outside professionals providing services to residents should sign the in/out log as they enter and exit the building.
2) Documentation of services may include, but is not limited to , evaluations, summary of treatment, resident progress or lack of progress, care plans, recommendations and guidance to associates for continuity purposes
3) A verbal report from the outside agency to the Health and Wellness Director/Coordinator or designee is recommended at least weekly. "

Class III

0052 Medication - Assistance with Self-Admin

Based on observations, interviews, and record reviews, it was determined that the facility failed to ensure that unlicensed staff who assisted residents with self-administration of medications did not administer medications to residents who were unable to participate in assistance with the self-administration of medications. Furthermore, unlicensed staff were observed crushing medications that are not formulated to be crushed. This practice affected 3 out of 5 memory care unit residents

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observed for medication provision (Resident #3, #8 and #9).

The findings included:

1) On _/ _ _ _ at 4:40 PM, the surveyor observed Staff B, an unlicensed medication assistant, administer medications to Resident #3 by doing the following:

a) Staff B was observed to check the resident ' s MOR, remove the resident ' s medications from the medication cart, and re-check the MOR. Staff B then placed a _ _ 500milligram tablet into a soufflé cup, crushed the tablet with a pill crusher, mixed the crushed tablet with apple sauce, and identified the medication to the resident. The medication assistant then placed a spoon containing the apple sauce and medication into the resident ' s hand and repeatedly instructed the resident to put the spoon in his mouth. The resident was unable to follow the instructions. The medication assistant then guided the spoon to the resident ' s mouth by using hand over hand assistance. The medication assistant observed the resident swallow the medication and documented the medication as given.

b) A review of Resident #3 ' s current AHCA Form 1823, dated / , revealed that the resident ' s diagnoses included advanced , and that the resident receives hospice services. Resident #3 requires assistance for all activities of daily living.

c) During an observation on at 5:30 PM of the evening meal service on the memory care unit, the surveyor observed Resident #3 being fed a pureed diet by a staff member. The staff member confirmed that Resident #3 must be fed.

2) On _ _ _ _ at 8:54 AM, the surveyor observed Staff C, an unlicensed Medication Assistant, administer morning medications to Resident # 9 by doing the following:

a) After providing the resident her oral medications, Staff C was observed to remove a multi dose inhaler from the medication cart, identify the medication to the resident, and hand the inhaler to Resident #9. The resident was unable to activate the inhaler on her own despite instruction from staff C. After repeated failed attempts by Resident #9 to activate the inhaler, Staff C placed her thumb over the resident ' s thumb and pressed down on the medication container to activate the accelerant and medication delivery for the resident. This was observed by the facility ' s Resident Care Coordinator.

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3) On 02/18/16 at 4:30 PM, the surveyor observed Staff B, an unlicensed medication assistant, administer medications to Resident #8 by doing the following:

a) Staff B was observed to check the resident ' s medication observation record (MOR), remove the resident ' s medications from the medication cart, and re-check the MOR. Staff B then placed a 500 milligram tablet into a soufflé cup, crushed the tablet with a pill crusher, mixed the crushed tablet with apple sauce, and identified the medication to the resident. Staff B then placed a spoon containing the apple sauce and medication in the resident ' s hand and guided the spoon to the resident ' s mouth by using hand over hand assistance. Staff B observed the resident swallow the medication and documented the medication as given. Staff B then repeated the procedure for a Extra Strength tablet.

b) A / / review of Resident #8 ' s current Health assessment for Assisted Living Facilities (AHCA Form 1823) revealed that the resident ' s diagnoses include . The resident is receiving hospice services and requires assistance for all activities of daily living.

4) Staff B was observed to crush the medication for Resident #8 and Resident #3. The Food and Drug Administration Approved labeling text dated , 2013 for includes the following: " Swallow tablets whole. Do not chew or crush tablets. Ask your healthcare provider for oral solution if you cannot swallow the tablets "

5) During an interview on / at 3:20 PM with the facility Resident Care Coordinator (RCC), she stated that she had considered assistance with self-medication to refer only to providing physical assistance to the residents in order to enable residents to get the medications into their mouths. The RCC confirmed that medications in the memory care unit were routinely provided to residents by unlicensed medication assistants and not by licensed nurses, no matter what the resident ' s level of

During an interview on / at 4:40 PM with Staff B, she confirmed that she is not a licensed nurse, and that she routinely provides medications to residents of the facility ' s memory care unit.

During an interview on / at 8:50 AM with Staff C, she confirmed that she is not a licensed nurse, and that she routinely provides medications to residents of the facility ' s memory care unit.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Coconut Creek
4175 West Sample Road
Coconut Creek, FL 33073

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 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 , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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