STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	02/29/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CROWN POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **10050 OLD ST. ROAD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

On an unannounced complaint investigation (CCR #2016000103) was conducted at Brookdale Crown Point Assisted Living Facility. At the time of the investigation deficient practice was found.

0078 Staffing Standards - Staff

Based on review of file and interview, the facility failed to ensure that 2 out of 4 staff members (Staff B and Staff D) had the required annual documentation indicating freedom from ( ).

The findings include:

On a record review of Staff B and Staff D employment record showed that Staff B and Staff D failed to obtain the annual assessment. Further review of the record showed that Staff B last had the assessment on . In addition, Staff D last had an x-ray completed on showing a positive . No further assessment was found.

On at 1:50 pm the Director of Nursing acknowledge that no current assessment was on file for Staff B and Staff D.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..... I, 2016

Administrator
Brookdale Crown Point
10050 Old St. Road
Jacksonville, FL 32257

RE: CCR #2016000103

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 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 surveyor. Should you have any questions please call this office at .

Sincerely,

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

VS/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