STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911225	03/08/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ENGLEWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **925 SOUTH RIVER ROAD** **ENGLEWOOD, FL 34223**	

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

0000 Initial Comments

An unannounced Change of Ownership (CHOW) and Extended Congregate Care survey was conducted on / and at Grand Villa of Englewood, an Assisted Living Facility in Englewood, Florida.

The following is description of the deficiency.

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to have new directions for medication promptly recorded on the Medication Observation Record (MOR) and an alert label placed on the medication container directing staff for revised instructions for 1 (Resident #13) out of 4 residents sampled.

The findings included:

The Medication Label for Resident #13 indicated: " Caps (medication for Parkinson's) 36. , take 1 capsule three times a day at 7:00a.m., 1:00 p.m. and 7:00 p.m." The MOR indicated:" ER 36. / mg, take 1 capsule by mouth four times daily."

The medication was scheduled by facility staff at 7:00 a.m., 12:00 p.m., 5:00 p.m., and 10:00 p.m. The Health Care Provider order dated / / indicated: " 1-145mg cap 4 times daily at 7:00 a.m., 12:00 p.m., 5:00 p.m. and 10:00 p.m."

During Interview with Staff A on at 1:00 p.m., she reported she was not aware the medication label did not match the MOR and the Health Care Provider's order.

Class III

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to provide a Communicable Statement for 2 (Staff F and G) of 4 staff personnel files reviewed.

The findings included:

On , a review of 4 staff personnel files revealed there were no Communicable Statements for Staff F (hire date / /) or Staff G (hire date / /).

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview on ../ .. at 5:50 p.m. the Executive Director stated, "We don't have those."

Class III

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to provide an Elopement Training Certificate for 1 (Staff A) out of 4 personnel files reviewed and a Resident's Rights Training Certificate for 1 (Staff G) out of 4 personnel files reviewed.

The findings included:

On .. /.., a review of 4 staff personnel files revealed there was no Elopement Training Certificate in Staff A's personnel file, and no Resident's Rights Training Certificate in Staff G's personnel file.

In an interview on ../ .. at 5:45 pm, the Executive Director stated, "We don't have those certificates."
Class III

0082 Training - /.. ..

Based on record review and staff interview, the facility failed to provide an / training certificate for 4 (Staff A, D, F and G) out of 4 personnel files reviewed.

The findings included:

On / .., a review of 4 staff personnel files (Staff A hire date ../../..; Staff D hire date ../../..; Staff F hire date ../../..; and Staff G hire date ../../..) revealed there were no / training certificates in any of their personnel files.

In an interview at 5:45 pm on / .., the Executive Director stated, "We don't have those certificates."

Class III

0086 Training - ADRD

Based on record review and staff interview, the facility failed to provide an and Related training certificate for 1 (Staff A, hire date ../../..) of 4 staff personnel files reviewed.

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NAME OF PROVIDER OR SUPPLIER **BROOKDALE ENGLEWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223**	

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

The findings included:

On /, a review of 4 staff personnel files revealed there was no and Related training certificate in Staff A's personnel file.

During an interview on / at 5:40 p.m. a representative from the corporate office stated, "We are having someone come and do this training."

Class III

0093 Food Service - Dietary Standards

Based on record review and interview with staff, the facility failed to keep a menu substitution list on file in the facility for 6 months.

The findings included:

On , during a tour of the dining , the dining was unable to provide a 6-month substitution list for review.

In an interview on / at 11:35 am, the Executive Director stated, "We don't have a substitution list."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2016

Administrator
Brookdale Englewood
925 South River Road
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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 , ., 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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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