RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Bluewater Bay
1551 Merchants Way
Niceville, FL 32578

RE: LNS Monitoring

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, including inservice records. 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

Dh/dh
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	04/04/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE BLUEWATER BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1551 MERCHANTS WAY NICEVILLE, FL 32578	

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

0000 Initial Comments

An unannounced Limited Nursing Services Monitoring visit was conducted at Brookdale of Blue Water Bay on . Deficient practice was found at the time of the survey.

0081 Training - Staff In-Service

Based on staff interview and employee file review the facility failed to provide staff training for safe food handling 1 hour and 3 hours of assistance with activities of daily living (ADL) and resident behaviors for 1 of 3 employee (employee C).

The findings are:

Employee C was found to have a hire date of . There is a long list of training which lists dining experience 25 minutes. The requirement is one hour minimum for safe food handling. There was also a one hour training listed on a long sheet of paper for resident behaviors, needs and assisting with activities of daily living.

An interview was conducted with the Administrative Assistant regarding the above training on / / at 11:18 am. She says that the certificates may be in the computer and she will go and check. She brought back 2 printed certificates one for Safe Food Handling AF1148FL The Dining Experience: All Associates Online Course estimated course length 25 minutes. The other certificate was for Resident Behaviors , Needs and Assistance with Activities of Daily Living AF1156FL Pathways to Personalized Care- Online Course 1 hour.

She failed to provide any additional information by the time exit occurred.

Class III