STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	04/28/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901**	

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

0000 Initial Comments

A Complaint Investigation #2016001590 was conducted on . Brookdale Melbourne with Limited Nursing Service (LNS) had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 3 of 5 sampled residents record had a completed health assessment that addressed all the required criteria (#1, 4 & 5).
Findings:
1. Resident record review for resident #1 revealed a health assessment report AHCA form 1823 dated / . Continued review revealed that the report did not address the resident's needs regarding self-administration of medications, the resident's dietary needs, whether or not she had and did not indicated the license number of the healthcare provider who completed the assessment.
2. Resident record review for resident #5 revealed a health assessment report AHCA form 1823 that was not dated.
In an interview with the Administrator on at 4 PM, who stated the forms were overlooked.
3. Resident #4 's record review revealed the initial Health Assessment AHCA form 1823 for date of admission is missing page 4. On this page of the Health Assessment the healthcare provider credentials, license number, signature and date the assessment was completed. Also missing was what type of assistance the resident needed with medication
During an interview with the Administrator on at 4 PM, who confirmed resident #4 health assessment was missing the above required information.
Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility staff performed duties that were not consistent with their level of education, training, preparation, and experience in that unlicensed personnel administered medications to 1 of 5 sampled Residents (#5).
Findings:
Resident record review for resident #5 revealed a health assessment report AHCA form 1823 that was not dated. The health assessment listed diagnoses of ( ), ( ), and accident (stoke). The assessment indicated he needed medication administration.
Continued review revealed the and 2015 and the 2016 Medication Observation Record (MOR) indicated that unlicensed staff, not the nurses administered the resident his medications.

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In an interview with a Licensed Practical Nurse (LPN) on at 2 PM, who stated the facility nurses administered , administered as needed medications and administered medication with parameters. All the other medications were given by the unlicensed staff, even in the memory care unit. In an interview with the Administrator on / at 4 PM, who stated the resident needed assistance, not administration, and the unlicensed staff assisted him.
Class III

0160 Records - Facility

Based on the admission and discharge log review and interview the facility failed to maintain an up-to-date admission and discharge log for 1 of 6 sampled residents (#6).

Findings:

The admission and discharge log revealed resident #6 is still a resident in the facility as of . Further review revealed resident #6 on .

During an interview on at 10:30 AM, with staff A and staff B confirmed resident #6 had a few weeks ago.

An interview on at 4 PM, with the administrator who confirmed the admission and discharge log was not up-to-date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

RE: CCR #2016001590

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 DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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