STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	05/10/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 SE ASTER LANE** **STUART, FL 34994**	

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

0000 Initial Comments

An unannounced Biennial Standard Licensure survey was conducted on 05/09/16 and 05/10/16 at Brookdale Stuart. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews, the facility failed to maintain medical devices/equipment in a sanitary manner.

The findings included:

Medication systems review was conducted . At 12:25 PM, the facility's heavy metal pill crusher was observed to be soiled in the pill crushing area with debris build-up in the surrounding area. This was acknowledged by Employee A, at the time of observation. The pill crusher condition was brought to the Health and Wellness Director's attention on at 12:35 PM. She acknowledged the condition of the pill crusher.

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure resident medications were properly labeled for 1 of 5 sampled Residents (11) by storing medicated eye drops with no prescription label or box, and by not applying an "alert" label to a medication container when directions for use were changed for an anti-, medication.

The findings included:

Resident# 11 was admitted to the facility on for respite services. His AHCA Form 1823 (medical examination) dated documented he required medication administration by a licensed nurse. During review of medication systems conducted , the following concerns were identified:

1. At 12:32 PM, a bottle of eye drops containing solution 125 milliliters/2.5 milliliters was observed in the top left drawer of the facility's medication cart. The was no prescription label showing the resident's name, date filled, or other prescription information. In an interview conducted at the time of observation, Employee A, stated she did not know which resident the eye drops belonged to. This was brought to the Health and Wellness Director's attention at 12:35 PM whom stated it belonged to Resident #11 but had no explanation for why there was no prescription label or box for the medication.

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2. Review of Resident #11's written Health Care Provider order dated 05/06/16 called for , 25 milligrams three times daily. The resident's May 2016 medication observation record reflected the same order. At 12:40 PM, a container of 25 milligrams (an anti- medication) was observed with a prescription label calling for one half tablet daily and one full tablet at bedtime. Employee A, present at the time, was asked and stated the medication container should have had an alert label attached to the container until they can get a new prescription label from the pharmacy. There was no alert label or "order changed refer to MOR" label attached to the medication container. In an interview at the time of observation, the Health and Wellness Director acknowledged an alert label should have been attached to the medication container the day the order changed.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff D and F) received the regulatory required in-service training within 30 days of hire.

The findings include:

During employee record review for Staff D (hire date) and Staff F (hire date /), there was no documentation contained within the employees' file, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's elopement response policies and procedures within 30 days of employment.

During interview conducted with Administrator on at 2:30 PM, she acknowledges the absence of documentation confirming completion of this training.

Class III

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff E), holds a currently valid card documenting completion of an accredited ( ) Training

The findings include:

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During employee record review for Staff E (hire date 4/27/15), there was no documentation contained within the employees' file, or provided by administration, showing this employee holds a current valid card showing completion of an accredited ( ) Training. Staff E works the 11:00 PM to 7:00 AM shift. The Administrator upon request was unable to provide documentation indicating that there is always atleast one person present in addition to Staff E who has a valid current training.

During interview conducted with Administrator on at 2:30 PM, she acknowledges the absence of documentation confirming completion of this training.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to ensure 3 of 3 sampled direct care staff (Staff D, E and F) received the regulatory required one hour in-service training in the facility's policy and procedures regarding within 30 days of hire.

The findings include:

During employee record review for Staff D (hire date), Staff E (hire date), and Staff F (hire date), there was no documentation contained within the employees' file, or provided by administration, showing completion of the one hour regulatory required in-service training in the facility's policy and procedures regarding within 30 days of employment.

During interview conducted with Administrator on at 2:30 PM, she acknowledged the absence of documentation confirming completion of this training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Stuart
3401 SE Aster Lane
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 9-10, 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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