STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	**05/09/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MARGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 LAKESIDE DRIVE NORTH MARGATE, FL 33063**	

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

0000 Initial Comments

A complaint investigation (CCR#2016002274) was conducted from to at Brookdale Margate Assisted Living Facility. At the time of the visit, the facility had deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on record review, interview and observation the facility failed to provide a safe and decent living environment, free from , neglect and unexplained injury, for 2 out of 13 sampled residents (Resident #1 and #13) .

Findings include:

A review of Resident # 1 ' s nursing note dated / revealed Resident #1 was assessed by the facility nurse with her left upper arm . Resident #1 was being transferred from her bed to the wheelchair by Staff J and K when she incurred the injury. Resident #1 was then taken to the emergency was then assessed by the hospital with a left upper arm .

A review of the hospital discharge medical records dated / revealed Resident #1 incurred while at the facility a left upper arm . Resident #1 was discharged from the hospital on / with discharge instructions to be admitted to rehabilitation for a upper arm .

In an interview on at 10:35am with the Administrator, he confirmed Resident #1 was in the care of Staff K when the injury to Resident#1 ' s occurred. He stated Staff K was then fired from the facility for not being forthcoming with the truth on the incident. According to the Administrator, Staff K also tried to get the other staff person present to "change her story."

In an observation on at 11:00am this surveyor observed a Staff L transferring Hospice Resident #13 from a chair to a wheelchair during a fire drill. This surveyor observed Staff L roughly jolt her hands under Resident#13's arms and Resident #13 let out a sound of pain. Staff L continued and picked up Resident #13 from the chair she was sitting in and with Staff L's hands under Resident 13's arm Staff L abruptly swung Resident #13 into the wheelchair.

In an interview on at 1:00pm with the Administrator, this surveyor discussed the observation with the Administrator, Business Manager and Wellness Director. The Administrator stated he will discuss the observation with Staff L and he confirmed the facility ' s staff will be retrained in transferring

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residents in order to prevent and injuries.

Class III

0078 Staffing Standards - Staff

Based on staff record review and interview, the facility failed to ensure that 3 of 6 staff (G, H, and the Resident Program Director) had updated recent statements from their health care provider documenting annual freedom from .

Findings:

A Staff record review on at 12:00 pm revealed the following:
1. Staff G was hired in 2014 and revealed the most current documentation in the file confirming freedom from ( ) was dated / 2014.
3. Staff H was hired in 2013 and revealed the most current documentation in the file confirming freedom from ( ) was dated .
4. The Resident Program Director was hired in 2011 and revealed the most current documentation in the file confirming freedom from ( ) was dated .
5. In an interview with the Business Manager on at 8:48 am confirmed that he could not locate any current additional documentation for the staff members.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interviews, the assisted living facility failed to file an initial 1 day adverse incident report for 1 of 1 sampled resident (Resident #1) who was transferred to the emergency to an injury and ultimately diagnosed with a .

Findings:

1. A review of Resident # 1 ' s nursing note dated // revealed Resident #1 was assessed by the facility nurse with her left upper arm . Resident #1 was then taken to the emergency was then assessed by the hospital with a left upper arm .

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2. A review of the hospital discharge medical records dated 1/3/2016 revealed Resident #1 incurred while at the facility a left upper arm . Resident #1 was discharged from the hospital on / with discharge instructions to be admitted to rehabilitation.

3. In an interview at 10:35 am on , the Administrator confirmed that he did not file an initial 1 day adverse incident report to the Agency as required. The Administrator confirmed that the origin of the injury was unknown but it occurred while in the care of Staff J and K.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Margate
5600 Lakeside Drive North
Margate, FL 33063

RE: CCR #2016002274

Dear Administrator:

This letter reports the findings of a state complaint licensure survey that was conducted on 9, 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 offcie at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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