STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	08/03/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 Initial Comments

On a re-licensure survey including Limited Nursing Services in conjunction with Complaint Investigation (CCR2016005443) was conducted at Brookdale Tuskawilla Assisted Living Facility License Number 8985. Deficient Practice was identified during the survey.

0025 Resident Care - Supervision

Based on Medication Observation Record (MOR) record review and interview, the facility did not maintain a written record of a significant change and the family and health care provider was contacted for an illness which resulted in a hospital admission for 1 of 4 sampled residents (#3) and did not document a behavior change for 1 of 4 sampled residents (#1)

Findings:

Review of the MOR for revealed Resident #3 was admitted into the hospital on / . Review of the Progress Notes for Resident #3 revealed there was no documentation to what had transpired causing the resident to be admitted into the hospital. There was no documentation to confirm the Resident's Health Care Provider and Family were notified.

On at 1 PM, The Director of Nursing confirmed there were no notes written regarding the hospital admission on / .

Observations on at 11 AM noted resident #1 ambulated with the aid of a walker and had a brace to right knee.
During an interview on at 2 PM the resident's daughter said that her mother would be moving to the secure memory care unit, as her had progressed. She added that one day he mothers attempted to walk out the facility door, someone stopped her and because of that she had a 24-hour private caregiver/sitter. Once she was moved to the secure memory care unit, she would no longer need the 24-hour caregiver/sitter.
Health assessment report 1823 dated for resident #1 listed diagnoses of high and . Facility note dated indicated the resident, had increased . The daughter stated she did not notice anything different. she explained her mom was because a friend and her sister recently also. The review revealed no notes that documented her attempt to leave.

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In an interview at 3 PM on with the Director of Nursing she said the notes she provided, were all the notes available.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to ensure 2 of six sampled staff files reviewed had documentation of freedom from communicable or ( ) in their records (B and F).

Findings:

Personnel record review on for Staff B, who was hired on , revealed there was no record documenting freedom from communicable when she started to provide direct care at the facility.

Personnel record review on for Staff F (administrator), revealed the last documentation to confirm she was free from was dated (due).

On at 5:00 pm, the business manager stated that she was unable to provide a freedom from communicable statement for Staff B, and that they were aware that Staff F needed a new test, but had not gone for it yet.

On at 5:30pm, the administrator agreed that there was no communicable statement for Staff B, and that she was planning to get her own test this week.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to ensure 1 of 6 sampled staff received required training within 30 days of employment (C).

Findings:

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Personnel record review for Staff C, hired , did not contain evidence of the following 7 required training courses that are mandated to be completed within 30 days of hiring:

Control training (1hr), ADL and Behavioral Needs (3 hr.), Emergency Preparedness and Evacuation and Incident Reporting (1 hr.), Recognizing and Reporting , Neglect and and resident rights (1 hr.), Nutritional and Safe Food Handling (1 hr.).

In an interview with the business manager on at 5:00 pm, she stated she did not have proof of the training.

In an interview on at 5:30pm, the administrator confirmed that the certificates were not in the personnel record, but that she would look for them.

Class III

0082 Training - /

Based on observation, record review and interview, the facility failed to ensure 2 of 6 staff reviewed received 2 hours training within 30 days of hiring (B and C).

Findings:

Personnel Record Review on for Staff B, who was hired on / , revealed there was no record of training.

Personnel Record Review on for Staff C, who was hired on , revealed there was no record of training.

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On at 5:00pm, the business manager stated she was unable to provide documentation of training for Staff B or C.

On at 5:30pm, the administrator agreed there were no records that these 2 staff received training.

Class III

0091 Training - Documentation & Monitoring

Based on personnel record review and interview the facility failed to ensure staff had in-service certificates that included the required information for 1 of 6 sampled staff (B).

Findings:

Personnel Record review for Staff B, hired / , revealed the following 7 training certificates had signature blocks that were not signed by the trainer:

Control (dated /), ADL and Behavioral Needs Training (dated), Emergency Preparedness and Evacuation Training (dated), Incident Report Training (dated), Resident Rights (dated), Recognizing/Reporting , Neglect and (dated), Nutritional & Safe Food Handling (dated).

On at 5:00 PM, the business manager stated these were online courses, so the trainer was not present to sign the certificates.

At 5:30 PM on , the administrator confirmed that staff B took all of these classes online through the corporate website, so no one was present to sign the forms.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment free of hazards.

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Findings:

An observation on at 2 PM revealed a crack in the above ceiling, located near the receptionist desk when you enter the facility & between #1 and # . The ceiling is approximately 12 inches long and 1 millimeter wide.

During an interview on at 4 PM with the Executive Director who was not aware and stated she will immediately speak to the Maintenance Supervisor but he had left for the day. The executive director stated that she will call him on the telephone to call back.

Received a returned telephone call on at 4:30 PM from the maintenance supervisor explaining that there was an air conditioning/water leak on the exterior (outside)of the building that caused a crack on the interior (inside) ceiling while he was away on vacation last week.

The maintenance supervisor also stated that the exterior (outside) was repaired by the air conditioning company the facility is contracted with, but he had not got a chance to seal and paint the interior (crack ceiling).

Class III

0162 Records - Resident

Based on record review and interview, the facility did not have evidence of an admission weight for 1 of 4 sampled residents (#3).

Findings:

Record review for Resident #3 revealed he was admitted to the facility on and there was no admission weight found in his record.

On at 4 PM the Director of Nursing said she could not find an Admission weight for Resident #3.

Class

N277 LNS - Resident Care Standards

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Based on observations, record review and interview the facility did not make sure that Limited Nursing Services (LNS) were only provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file for 1 of 3 sampled residents.

Findings:

During the entrance interview on at 9:30 AM resident #1 was identified by the Director of Nursing as receiving LNS for the application and removal of a knee brace.

Observations on at 11 AM noted resident #1 ambulated with the aid of a walker and had a brace to right knee.

During an interview at 2 PM on with the resident's daughter who said the nurses' helped the resident with the brace and it helped her walk. She had a knee operation some time ago.

Resident record review revealed a healthcare provider's order dated that indicated LNS for right knee brace on the AM, resident take off in PM. An order dated indicated to discontinue LNS for leg brace. The review revealed daily nurse's progress notes that documented the application and removal of the right knee brace. Monthly nursing assessment dated / and also addressed the resident's application and removal of the right knee brace.

During an interview at 3:30 PM on with the Health Wellness Director who stated she did not see the order to discontinue the service.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 6 sampled staff (D and E).

Findings:

Review of the Agency's Background Screening website on for 6 sampled staff revealed staff D and staff E were not on the clearinghouse roster for the facility.

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In an interview with the business manager on at 5:00 pm, she stated she was not aware she had to add people who transferred from other corporate locations. She stated she would update the roster.

In an interview on at 6:30 pm with the administrator, she confirmed that staff D and E were missing from the roster and would make sure this was corrected.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

RE: Re-licensure w/LNS

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 , 27, 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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