STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	08/10/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

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

0000 Initial Comments

On a biennial re-licensure survey with Limited Nursing Services in conjunction with a follow-up visit ... SSR# 20160003633 was conducted at Brookdale Conway Assisted Living Facility License Number 9286.
Deficient Practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to recognize resident's right by not maintaining a mechanism to document complaints, follow-up and resolution of residents' grievances and concerns in regard to Dietary Services.

Findings:
Review of the monthly menu chat log book on / / , revealed a few months of pages that indicated a meeting was held, who attended, and notes about what was discussed. There was no documentation stating the previous issues were addressed or resolved.
The Dietary Manager was interviewed at 1:15 pm on and he stated he conducts a monthly Menu Chat meeting on the 1st Wednesday of each month with the residents to discuss their concerns and requests. When asked to provide evidence of the resolution of the residents' complaints, he stated he did not have any documentation.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 2 sampled residents was updated each time there were missed dosages (#1).
Findings:
Resident record review for resident #1 revealed a health assessment report form ... ed listed diagnoses of diverticulosis, . He required assistance with self-administration of medications. The healthcare provider orders dated / indicated Sulcrafate 1 gram (gm) before meals and at bedtime and 75 milligrams (mg) daily.
Review of his Medication Observation Record (MOR) for 2016 listed Sulcrafate 1 gram (gm) before meals and at bedtime; it was not signed as given on at 6:30 AM. On / / the 6:30 AM, 11:30 AM, 4:30 PM and 9 PM doses were not signed as given and the MOR was blank. Continued review revealed 75 mg daily was not marked as given, and the MOR was blank on at 9 AM.

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On at 5:15 PM, the Wellness Director did not provide an explanation for the blank spaces on the MO[illegible].
Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility did not ensure that prescriptions for residents who receive assistance with self-administration of medication were refilled in a timely manner for 1 of 2 sampled residents (#1).
Findings:
Resident record review for resident #1 revealed a health assessment report form 1823 dated [illegible] that listed diagnoses of [illegible] diverticulosis, [illegible] and [illegible]. He required assistance with self-administration of medications. The healthcare provider order dated indicated 10 mg at bedtime.
Review of his 2016 MOR listed 10 mg at bedtime and on at 9 PM the Medication Observation Record (MOR) was signed and circled. The back of the MOR read the medication was not available.
On at 5:15 PM, the Wellness Director offered no comment.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure 1 of 6 personnel records contained a healthcare provider statement that indicated freedom from communicable [illegible] including ( ) yearly; and that freedom from was obtained yearly (F).
Findings:
Personnel record review for staff F, the Registered Nurse hired on 2010 revealed no evidence to confirm she provided the facility a healthcare provider statement that indicated freedom from communicable [illegible], including [illegible]. The review revealed a chest x-ray dated that indicated freedom from [illegible].
During an interview on at 3 PM with the Business Office Manager, said she would call the corporate office and request the documentation.
During an interview on at 5 PM with the Business Office Manager revealed the documentation was not available.
Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to have evidence that 2 of 6 sampled staff (A and B) received the required in-service training within 30 days of hire.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Personnel record review for staff A (the Administrator) revealed she was hired in / and there was no documentation to confirm she had received an in-service training regarding the Facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Personnel record review for staff B revealed she was hired in , there was no documentation to confirm she had received a 1-hour in-service training in Safe Food handling and Practices. The certificate that was provided was dated for a 25 minute dining experience training and control.

On / at 5 PM, the Administrator said he had not received the training and staff B who prepared and served food did not have any other documentation in her record for the food handling training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a safe and clean living environment in the Dining .
Findings:
Tour of the dining /6 at 11:50 am found the residents arriving for lunch. Some residents were seated and placing their food orders with staff. There was food observed on the floor at the far end of the first table near the right entrance doors to the dining . It appeared to be d crumbs from breakfast. A staff member brought a resident in a wheel chair into the dining rolled him right over the food scraps. The food stayed there while the resident ate lunch.
At 12:15 pm on , the Administrator was interviewed and shown the food on the floor and she confirmed that it was there. The Administrator "I recognize that as sausage and eggs from breakfast today." She stated she would take care of it immediately.

Class III

Z814 Background Screening Clearinghouse

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NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

SUMMARY STATEMENT OF DEFICIENCIES
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Based on personnel record review, The Agency's Background Screening Website and interview, the facility did not initiate all Criminal history checks through the clearinghouse within 10 business days.

Findings:

Review of the Agency's Background Screening Website on at 2 PM, revealed Staff A, B, D and F were not included in the Facility's Clearinghouse Employee Roster. All of the employees were hired more than 10 days ago.

On at 3:30 PM, The Business office manager confirmed the employees were not entered into the Facility's Clearinghouse Employee Roster.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview the facility failed to ensure 1 of 6 staff, whom was in a role that required a background screening did not have any disqualifying offenses and was allowed to work without a background screening.
Findings:
Personnel record review revealed that staff F, was a Registered Nurse hired on 2008. Continued review revealed that a background screening dated that indicated she was eligible to work in a AHCA licensed facility.

A current background screening was not available for review. Review of the Agency's background screening website on at 3 PM indicated that a new screening was required.

In an interview on at 4 PM with the administrator who offered no comment.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Conway
5501 East Michigan Street
Orlando, FL 32822

RE: Re-licensure survey with 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 , 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com