STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965048	08/15/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OVIEDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1725 PINE BARK** **OVIEDO, FL 32765**	

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

0000 Initial Comments

On , 2016 a biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Brookdale Oviedo (License#9525). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility did not ensure the health assessment form 1823 addressed all the required information for 2 of 4 sampled resident (#3 & #4).
Findings:
1. Resident record review for resident #3 revealed a health assessment report dated that did not list the resident's diagnosis. That portion of the assessment was blank.
In an interview on at 2 PM with the wellness nurse, who said the assessment was overlooked.
2. Resident record review for resident #4 revealed she was admitted to the facility on .
Following a hospital stay in 2016, a new health assessment form 1823 was completed but not dated. The diagnoses listed were status post with hip , and . Review of the resident's record revealed no documented evidence of the omitted date.

During an interview with the wellness nurse on / / at 4 PM, she offered no comment regarding the omitted information

Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility retained 1 of 4 sampled residents (#3) who exceeded continued residency criteria.

Findings:
Observations on at 10:15 AM noted resident #3 sitting in a wheelchair in the common area, , nonverbal. The caregiver was present with the resident and stated the resident was not able to assist with bathing, dressing, and toileting. the caregiver stated she did Activities of Daily Living listed above.
Observations on at 10:30 AM during the transfer from wheelchair to chair, the staff placed her arms under the resident's underarms and swung her to the chair. The resident did not assist with the transfer. Observations with toileting noted 2 staff were needed to transfer. The staff said it took 2 staff to get the resident to the bed. One staff lowered the bed. The other staff moved the wheelchair leg rest.

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The staff followed the same transfer process as before. She removed the resident's sweater. The resident did not make effort to assist. She was transferred to the bed. Once in the bed the staff turned the resident to the left to proceed with toileting.
Resident record review for resident #3, AHCA 1823, dated / / did not list diagnoses but indicated she was demented and needed total care. According to the assessment she needed total care with ambulation, transferring, dressing, , toileting, bathing. She needed medications administered. The assessment documented, her needs could not be met in an assisted living facility.

On at 3 PM the wellness nurse agreed the resident exceeded Assisted Living Facility residency criteria, she had been discharged from hospice, but she did not know why.

Class III

0025 Resident Care - Supervision

Based on review of the facility's computerized call log and interview the facility failed to offer personal supervision providing care, assistance and services timely for 1 of 4 sampled residents (#5); and failed to provide care and services appropriate to the needs of residents accepted for admission to the facility and did not make sure healthcare provider's orders for medications were followed for 1 of 4 sampled residents (#2).

Findings:

1. An interview on at 10 AM with resident #5, who stated she had pain in her stomach, and she pushed the call pendent for assistance at 5:30 AM early morning and no staff responded to her to call. Resident #5 further stated she had to wait until the 7 AM morning shift to get assistance.

An interview on at 12:30 PM with Health & Wellness Director requesting to review the call pendent log for this morning .

The call log review revealed resident #5's timeline below:

at 5:59 AM, call pendent pushed 9 times and no staff responded to the call.
at 6:53 AM, call pendent pushed another 3 times; finally, at 7:05 AM staff answered the call.

Interview on at 5 PM with the Executive Director and Health & Wellness Director who did not offer any comment.
2. During an interview with resident #2 on at 10:10 AM he said sometimes he did not receive

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his , at times it was because the staff came in late to work.
Review of his 2016 Medication Observation Record (MOR) revealed it listed 75 microgram (mcg) daily @ 6 AM: "Protocol administer on am empty stomach with a full glass of water at least 1 hr. to 30 minutes before breakfast" and read not completed and not given on . There were no notations on the back page of the MOR that indicated why the medication was not given.
Resident record review for resident #2 revealed a health assessment from 1823 dated that listed diagnoses of spinal , , ( ), high , and compression . He needed assistance with self-administration of medications. A health care provider order dated for ( ) 75 microgram (mcg) daily.
Continued review revealed a telephone to the resident's healthcare provider that indicated the resident had concern of not getting before breakfast, the order was dated and signed and indicated no new orders. Order dated indicated 75 mcg one daily. Healthcare provider order indicated concern not getting before eating breakfast. The 2016 MOR listed 75 mcg at 6 AM: "Protocol administer on am empty stomach with a full glass of water at least 1 hr. to 30 minutes before breakfast."
During an interview on at 10:55 AM with the wellness director she said she was not sure why it was not given or why there is a problem getting the medication before he ate breakfast.
Class III

0054 Medication - Records

Based on record review and interview the facility did not ensure the Medication Observation Record (MOR) was kept updated for 1 of 4 sampled residents (4).

Findings:

Resident record review for resident #4 revealed a health assessment report form 1823 not dated that listed diagnoses of status post with hip , , , and . Assistance was needed with self-administration of medications. A health care provider order dated indicated 1000 units daily and 100 micrograms (mcg) daily. The 2016 MOR listed 100 mcg daily and read not completed and held per physician order on and 1000 units daily and read not completed and held per physician order on . There was no evidence of an order from a health care provider to hold the medications.
During an interview on at 6 PM with the wellness director, she said there was no order to hold the medications.
Class III

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0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure the 1 of 5 personnel records (E) contained a healthcare provider statement that indicated freedom from communicable including ( ) yearly; and that freedom from was obtained yearly and failed to ensure staff was qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to administer medications to 1 of 4 sampled residents (#3).

Findings:
1. During the entrance interview on at 9:30 AM the Wellness Nurse said that in the memory care unit med tech (unlicensed staff who assist with self-administration of medications) assisted the residents with self-administration of medications. The nurses rarely did a medication pass in the memory care unit. Resident #3 was not identified as receiving hospice care.
Resident record review for resident #3 revealed a health assessment report dated did not list diagnoses, but indicated the resident required total care with ambulation, dressing, toileting/ eating, bathing and transferring. She needed administration of medications. Review of the Medication Observation Records for , and 2016 revealed unlicensed staff assisted with the medications.
2. Personnel record review for staff E, the Registered Nurse hired on 2010 revealed no evidence to confirm she provided the facility a healthcare provider statement that indicated freedom from communicable , including . The review revealed a chest x-ray dated that indicated freedom from .
During an interview on at 3 PM with the administrator; said she would call the corporate office and request the documentation.
The administrator stated on at 5 PM there was no documentation available.
Class III

0081 Training - Staff In-Service

Based on interview and personnel record review the facility failed to provide or arrange for 1 of 5 sampled staff (E) to receive the mandated in-service training.
Findings:
Personnel record review for staff #E revealed she was hired and was a Registered Nurse. The review revealed an exam dated // regarding facility emergency procedures, including chain of command. Another exam regarding and was dated //. Continued review revealed no evidence to confirm she attended a 1-hour in-service training regarding: Recognizing Neglect and & Resident rights in an assisted living facility or that she attended the CORE training and

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was therefore exempt from this training. There was no evidence she attended an in-service training regarding the facility's resident elopement response policies and procedures, and reporting major incidents.
During an interview on at 3 PM with the administrator said she would call the corporate office and request the documentation.
Interview on at 5 PM with the administrator stated there was no documentation available.
Class III

0089 /Other - Special Care

Based on observations, record review and interview the facility failed to ensure 1 of 5 staff (E) had completed training in and Related (Level I and Level II).
Findings:
Observations during the facility tour on noted the facility maintained a secured memory care unit that had an entrance door that required a code to enter and exit.
Personnel record review for staff #E revealed she was hired and was a Registered Nurse.
The review revealed no evidence she attended/received 4 hours of initial -specific training Level I, within 3 months after beginning employment. Continued review revealed no evidence she attended/received 4 additional hours of training developed or approved by the department. The training shall be completed within 9 months after beginning employment.
There was no evidence to confirm she was an trainer or that she attended CORE training therefore exempt from this requirement.
During an interview on at 3 PM with the administrator, said she would call the corporate office and request the documentation
Interview on at 5 PM with the administrator stated there was no documentation available.
Class III

0090 Training -

Based personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (E) completed 1 hour ( ) training that included all the information in Rule 58A-5.0186, F.A.C.
Findings:
Personnel record review for staff #E revealed she was hired and was a Registered Nurse. The review revealed no evidence to confirm she received an in-service training regarding the facility's ( ) policies and procedures.
During an interview on at 3 PM with the administrator said she would call the corporate office and request the documentation.

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During an interview on at 5 PM with the administrator revealed the documentation was not available.
Class III

0091 Training - Documentation & Monitoring

Based on personnel records review and interview the facility failed to ensure that certificates of training contained all the required information for 2 of 5 sampled staff (D and E).
Findings:
1. Personnel record review for staff E revealed she was hired and was a Registered Nurse. The review revealed an exam dated / regarding facility emergency procedures, including chain of command. Another exam regarding and was dated / . Continued review revealed certificates of training that documented the following: 1. The title of the training program;2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable.
During an interview on at 5 PM with the administrator revealed the certificates were not available.
2. Staff D's personnel record review revealed a certificate for Major incident reporting & Emergency procedures for 1 hour but missing date of completion. Date of Hire: .

During the exit interview on at 5 PM with the Executive Director who confirmed, that not documenting the date of completion on the certificate was an oversight.

Class III

N277 LNS - Resident Care Standards

Based on record review and interview the facility failed to ensure that Limited Nursing Services (LNS) were authorized by a health care provider's order for 1 of 4 sampled residents (4) who received LNS.

Findings:

Resident record review for resident #4 revealed a health assessment report form 1823 not dated that listed diagnoses of status post with hip , , and . Review of home health documentation revealed a stage two to the resident's right lateral foot, onset date of / . Continued review revealed nurse's noted dated and

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, that indicated the facility licensed nurses provided care to the . The review revealed no evidence to confirm the facility obtained a health care provider's order that authorized the facility to provide limited nursing services for care

During an interview on at 2 PM with the wellness nurse, said she was unable to locate an order.
Class III

N278 LNS - Records

Based on record review and interview the facility did not make sure that complete nursing progress notes and nursing assessments were maintained for 1 residents (#2) in a sample of 4 who received Limited Nursing Services (LNS).
Findings:
Observations during the facility tour on / at 9:15 AM noted resident #2 had knee high compression stockings.
During the entrance interview on at 9:30 AM the administrator and the wellness nurse, a Licensed Practical Nurse (LPN) said there were no residents on LNS.
In an interview on at 10:10 AM with resident #2 who said he needed sponge baths because he was unable to stand up and he needed help with the Jobst stockings too. A caregiver put the stockings on for him today. Whoever was there on shift present helped him.
Resident record review for resident #2 revealed a health assessment from 1823 dated that listed diagnoses of spinal , , , ( ), high , and compression . A healthcare provider's order dated / that indicated Jobst knee high compression stockings mm HG 2 pairs use as directed. The review revealed no evidence to confirm that nurse's progress notes were maintained every time the service was provided and that nursing assessments were conducted at least monthly.
In an interview on at 2 PM with wellness nurse, who said she was not aware that Jobs stockings were a nursing services, she was aware about deterrent hose ( ). Nurse's notes and nursing assessments were not maintained.
Class III

Z813 Results of Screening & Notification in File

Based on personnel record review and interview the facility failed to maintain eligibility results of employee screening in the employee's personnel file for 1 of 5 sampled employees (E).
Findings:
Personnel record review revealed that staff E, was a Registered Nurse hired on . Continued review revealed that a background screening dated . that indicated she was eligible to work in

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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 she was eligible as of /.

In an interview on at 4 PM with the administrator who said the corporate office did not send her the screening result.
Unclassified

Z814 Background Screening Clearinghouse

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening for 1 of 5 sampled staff (E).
Findings:
Review of the facility's Background Screening Clearing House roster on revealed that staff E, hired on / was not listed on the roster.
During an interview on / at 5 PM with the administrator who said corporate had someone assigned to work with the roster and evidently missed staff E, as she worked in several of their properties.
Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview the facility failed to ensure 1 of 5 staff (E), whom was in a role that required a background screening did not have any disqualifying offenses and was allowed work without a background screening.
Findings:
Personnel record review revealed that staff E, was a Registered Nurse hired on . 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 she was eligible as of /.

In an interview on / at 4 PM with the administrator who said the corporate office did not send her the screening result.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Oviedo
1725 Pine Bark
Oviedo, FL 32765

RE: Re-licensure survey

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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