STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	08/18/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 17th and 18th, 2016 at Brookdale Boyton Beach (License #9745). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on observations, interviews and record review, it was determined that the facility failed to ensure a resident was reassessed and the findings documented on the Resident Health Assessment form (AHCA form 1823) upon significant health changes, for 1 of 2 sampled residents (Resident3) to ensure a resident met the criteria for continued residency . It was also noted that the facility failed to ensure a resident's AHCA Form 1823 was accurate and reflective of a resident's current diagnosis, care needs and nursing services, for 1 of 2 sampled residents (Resident #3).

The findings included:

1) Review of Resident 3's records conducted revealed she was admitted to the facility on / . She was admitted to hospice services on / .

Observations of Resident 3 conducted / revealed the following. At 11:42 AM, she was in her wheelchair in the living , she was napping. At 12:02 PM, she self-propelled herself about 10 feet to get closer to the television set.

In an interview conducted at 12:05 PM, the facility's Health and Wellness Director stated Resident 3 likes to sleep a lot but is easily roused. She had a history of but has stabilized since.

In an interview conducted at 10:42 AM, Resident 3's Hospice Nurse described the resident's health status as follows. She receives medications for and . She can display behaviors of agitation, yelling, and resisting care at times. She has (fluid retention) in her legs for which she receives a . She also is prone to related to her poor safety awareness, and ability to self-propel in her wheelchair. She uses floor mats and a low bed for precautions. She further stated Resident 3 can feed herself and participates in activities of daily living (ADL's).

Further review of Resident 3's records revealed the following.
A. A 4-page "Interdisciplinary Care Plan" created by hospice staff included detailed, specific information related to the resident's needs and the related tasks/interventions to be performed by the Hospice Nurse and Hospice Aide. It did not include specific tasks and identify who would perform those tasks related to assisted living facility (ALF) staff, and other hospice staff such as Social Worker and Chaplain.

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B. A 04/05/2016 Personal Service Plan created by ALF staff included specific information related to tasks/interventions to be performed by ALF staff in the areas of medications, dressing and grooming, showering, bathroom assistance, escort and mobility, and psychosocial needs, and coordination/transportation related to the resident's need for outside services.
The only reference to the hospice staff was in the section titled Comments, it disclosed "[Hospice] Hospice".

2) Review of Resident 3's AHCA Form 1823 (medical examination) revealed the following concerns:

A. It did not reflect her use of hospice services which started 6 weeks earlier.

B. It did not reflect her diagnosis of .

C. It did not reflect her behaviors of agitation, yelling and resisting care.

D. It disclosed she requires total assistance with ambulation, bathing, dressing, , toileting and transferring when she is able to self-propel herself in her wheelchair and can participate in the ADL's listed above. Also, no extent and type of assistance was provided for these ADL's.

E. It disclosed she needs assistance with eating when she is able to feed herself.

F. The question related to if she requires 24-hour nursing or care was left blank.

G. It disclosed she requires "help" with medication but does not indicate if she needs assistance with self-administration of medications, or needs her medications "administered" by a licensed nurse.

These concerns were discussed with and acknowledged by the facility's Health and Wellness Director on at 3:02 PM.

Class III

0025 Resident Care - Supervision

Based on observation, record review and interviews, the facility failed to ensure a significant change for 1 out of 2 sampled residents (Resident #15) was documented; and, failed to ensure the resident's health

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care provider and representative were notified.

The findings included:

Observation of Resident #14 on 8/17/16 at 12:30 PM revealed the resident did not eat any of his lunch, and sat in a wheelchair at the dining room table with his head lowered. During interview with the Health and Wellness Director (HWD) at 1:00 PM, she stated he was supposed to be "assisted by care associates (resident aides) with his lunch at 2:00 PM since this was his schedule because he did not get up until later in the morning to eat breakfast".

Review of Resident #14's weight record showed the 2016 weight recorded as 167 pounds, 2016 as 162 pounds, 2016 as 161 pounds and 2016 as 150 pounds. A loss of 5 pounds in and a loss of 11 pounds in was documented.

The HWD stated during interview on that the facility weighs the residents between the 1st and the 5th of every month. She stated that a "5 pound or more weight change" would be a significant change. During review of the resident's weight record at this time, she acknowledged the resident's weight loss in and 2016 as significant changes. No documentation of the significant changes, and subsequent notification to the resident's health care provider and his representative by the facility, was found at this time in the resident's record.

During interview with the resident's hospice nurse at 10:00 AM on , she stated she would call the resident's representative to discuss the significant weight loss documented in . Review of the "narrative" note in hospice records presented on this date at 12:00 PM showed the resident's representative was notified on of the "weight loss of 11 pounds in the past month".

On / at 3:30 PM, the HWD was again interviewed and stated that the resident's weight in 2016 was erroneously recorded as "150 pounds" and that the correct weight is currently "158 pounds" (a loss of 3 pounds).

During interview with the resident's representative on at 4:00 PM, the representative said that the resident's weight loss of 11 pounds in one month had not been reported to her prior to this date. She was unaware of the resident's schedule to receive assistance from staff to eat lunch at 2:00 PM.

There was no documentation in the resident's record to show that the facility staff had identified and documented the resident's significant weight loss at the time the monthly weight was recorded, or that they had contacted the resident's health care provider and representative to notify them of the resident's significant change until .

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Class III

0091 Training - Documentation & Monitoring

Based on record review and an interview, the facility failed to ensure the training certificates were completed for 3 out of 3 sampled staff (Staff A, B and C).

The findings included:

On 8/18/16 at 2:00 PM, the personnel files were reviewed with the Business Office Manager. Staff A, B and C had certificates of training that were either missing, completed more than 30 days after hire, or did not have all of the required components. The following was identified:

Staff A (date of hire /)
a) Emergency Preparedness ( )-no certificate within 30 days of hire
b) Elopement Policy and Procedure (/)-no certificate within 30 days of hire

Staff B (date of hire)
a) Elopement Policy and Procedures-no certificate dated within 30 days of hire
b) / (/)-no certificate dated within 30 days of hire
c) Emergency Preparedness and Incident Reporting 1 hour (/ /)-no certificate dated within 30 days of hire
d) ( ) Policy and Procedures 1 hour (/)-only 40 minutes documented
e) ( ) Policy and Procedures 1 hour (2nd certificate, / /)-no certificate of completion of 1 hour dated within 30 days of hire
f) Food Safety 1 hour (/)-only 25 minutes documented
g) and Related /ADRD 4 hours-no certificate of Level I training (required within 3 months of hire)

Staff C (date of hire /)
a) / -no certificate, available online only
b) Elopement Policy and Procedures (/)-available online only
c) Emergency Preparedness and Incident Reporting ( )-available online only
d) /Neglect/ 1 hour (/)-available online only
e) Resident Rights 1 hour ( )-available online only
f) ( ) Policy and Procedures 1 hour ( )-40 minutes only documented;

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available online only
g) Food Safety 1 hour-no certificate

The above findings were acknowledged during interview with the Administrator and Business Office Manager on 8/11/16 at 3:00 PM.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interviews, the facility failed to ensure one and fifteen day adverse incident reports were completed within the required timeframe for 1 out of 2 sampled residents (Resident #10).

The findings included:

On , Resident #10 was admitted to the facility. The resident's health assessment (AHCA Form 1823) dated listed diagnoses of , Muscle , , B and D deficiencies, Artherosclerotic , , and a left Femur (hip). The assessment showed the resident required assistance with all activities of daily living (ADLs).

On at 9:15 AM, the Resident Log noted that the resident was "found sitting in the chair in the hallway. Unable to stand/weightbear. Pain at left hip/thigh with range of motion (ROM). Left thigh ." At 3:30 PM on the same date, the log noted that the resident's admitting diagnosis was a "left hip ". An additional note on / at 1:00 PM indicated the resident's diagnosis was a "spontaneous hip ". There was no incident report or adverse incident report available for review.

During interview with the Health and Wellness Director (HWD) and the Regional Consultant on / / at 11:30 AM, the HWD stated an incident report or an adverse incident report (one or fifteen day) had not been completed for the resident's injury of unknown origin. She was asked why an adverse incident report had not been completed for Resident #10's hip documented on / . She stated, "because it was a spontaneous (not due to a) of her (resident's hip), so it was not an incident". At this time, documentation to show the resident's hip was "spontaneous" (not related to a) was requested.

Review of the hospital records obtained by the facility on this date revealed the resident's diagnosis from admission on was a "left hip ". The only documentation of the hip as "spontaneous" was noted as the "chief complaint" upon admission, what was reported to the hospital.

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The resident was noted in the hospital records to be "disoriented to person, place and time", "[redacted]", nonverbal, and not responding to questioning" with a diagnosis of "severe [redacted]".

The adverse incident one and fifteen day reports were not completed for the resident's hip [redacted], an injury of unknown origin. The report was required to be submitted to the Agency within one and fifteen days of the discovery of the injury for this resident who sustained a [redacted] and was transferred to a facility for care due to the injury that was not shown to be related to the resident's condition.

These findings were acknowledged by the HWD and Regional Consultant during interview at 12:30 PM on [redacted]. No additional documentation was presented at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Boynton Beach
2400 South Congress Avenue
Boynton Beach, FL 33426

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 and , 2016 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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