STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	09/12/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEKIWA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S WEKIWA SPRINGS ROAD** **APOPKA, FL 32703**	

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 (LNS) was conducted at Brookdale Wekiwa Springs license # 9829. Deficient practice was identified during the survey.

0025 Resident Care - Supervision

Based on record review and interview the facility did not contact the healthcare provider or resident's family when the resident experienced significant weight changes for 2 of 4 sampled residents (#1 and #3)
Findings:
Resident record review for resident #1 revealed documented weights of 193 pounds (lbs.) on / , 168 lbs. on , 170 lbs. on , 186 lbs. on / . Continued review revealed no evidence the health care provider or family had been notified when the resident lost 25 lbs. in a month and gained 16 lbs. in a month. There was no evidence the health care provider had the resident on any dietary restrictions that would cause significant weight loss or gain.

During an interview with the wellness director on / at 4:15 PM, she said she had no answers.

Record review for Resident #3 revealed her weight was recorded on / as 133 pounds (lbs.) and on / her weight was recorded as 122 lbs. This was a 11-pound weight loss in one month (severe weight loss). The resident was weighed the day of the survey and her weight was 121 pounds. Further record review revealed there was no documentation to confirm that the health care provider and the family was aware of the residents unplanned weight change.

On at 3 PM, the wellness director said, the resident would go out to her own doctor, she confirmed that there was no documentation the facility had contacted the health care provider or family regarding the weight loss.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on contract review and interview, the facility did not honor the Residents Bill of right to be treated

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with consideration and respect with due recognition of personal dignity and charged 1 of 4 sampled residents (#3) for showers she only received when she asked.

Findings:

On at 10:30 AM, resident #3 said "I think I pay for two showers weekly and only get one. I would like to know if I am paying for two showers."
A review of the information provided by the business office director revealed the resident paid 69.00 for showers monthly.
On at 2:15 PM, the business office director said the resident was paying for 2 showers a week.
On / at 3:45 PM resident #3 said she received 2 showers sometimes and thought she should receive them all the time twice weekly. She said she was supposed to get her showers on Wednesday and Saturday and preferred to get her showers between 6 PM and 6:30 PM so that she could be dressed and ready to watch her TV show. Resident #3 said if she did not ask for her showers she would not get them.

On at 3:55 PM Staff G was identified as the staff who provided showers to resident #3. Staff G confirm on / at 4 PM, she would give the resident her showers when she asked. Staff G said resident #3 was alert and could ask for her showers. Staff G was asked at the time if resident #3 was only given showers when she was working if she asked. The staff said yes. She said the staff on the shift before her would let her know who was to be given showers for the day. She did not have a schedule. She only worked part time mostly on the weekends.

On at 4 PM the wellness director said the amount of showers were listed on the care plans, she reviewed the care plan and said resident #3 was to have two showers weekly on Wednesday and Saturday between 6 PM and 6:30 PM. She said there was a list of the residents who were to get showers including the time available for the staff. She said staff should be providing showers to the residents according to their scheduled day, not only if the residents ask for their showers.

Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled residents (#1) with self-administration of medications followed the correct procedure.
Findings:
Observations on / at 12 PM noted that staff H a resident assistant washed her hands. She retrieved medication from the locked medication drawer. She put 1 pill in a cup and brought to resident.

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She told resident that she was there with the resident's . She gave her water as well. She observed the resident take the medication. She did not bring the originally dispensed medication container to the resident.
In an interview with staff H, on at 12:15 PM who said she brought the medication containers to the residents' and sometimes she did not.
In an interview with the wellness director, on at 3:34 PM who said the staff must have been nervous and gave the incorrect answer.
Class III

0054 Medication - Records

Based on record review and interview the facility did not keep an up to date Medication Observation Record (MOR) for 1 of 4 sampled residents (1).

Findings:

Resident record review for resident #1 revealed a health assessment report form 1823 dated / / that listed diagnoses of 's , sarcoidosis, . Assistance was needed with self-administration of medications. His 2016 MOR listed 3.125 milligrams (mg) twice daily, -S 1 tablet twice daily, C 500 mg twice daily, D3 1,000 units twice daily, 81 mg daily, 5 mg daily, 5 mg daily, 10 mg daily, 7 mg daily, 25 mg daily, 100 mg daily, 1 tablet daily and was blank on for the 9:00 AM dose for all listed medications.
In addition, the MOR listed B eye drops, 1 drop to affected eye every 3 hours for 7 days. The 12:00 AM dose was blank on , , , , , , , , . The 3:00 AM dose was blank on , , , , , , , , . The 6:00 AM, 9:00 AM, 12:00 PM doses were blank on . The 6:00 PM and 9:00 PM doses were blank on .
There were no notations on the back pages of the MOR that indicated why those dates were blank.
During an interview with the wellness director on at 4:15 PM, she said she had no answers.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure freedom of communicable and ( ) was obtained within 30 days of hire for 2 of 6 sampled staff (A and B) and that freedom from was obtained yearly for 2 of 6 sampled staff (C & F).
Findings:

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Personnel record review for staff B, hired / , revealed no evidence to confirm she provided the facility with a statement that indicated freedom from communicable including . During an interview on at 4 PM with the biasness office manager who said, she was unable to locate any documentation regarding freedom of communicable and

Staff F's personnel record review revealed the annual ( ) exam was dated on (due).

On at 2:30 PM, an interview with the Business Office Manager confirmed the finding.

Personnel record review for Staff A, hired on , did not contain documentation to confirm he was free from or Communicable .

Personnel record review for Staff C, hired on , did not contain documentation of a negative test in 2015 or 2016.

On at 4:15 PM the Business Office Manager said she could not locate any documentation to confirm freedom from Communicable or for Staff A or C.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled unlicensed staff (# E) in a sample of 6, to attend the mandated in-service training that included a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.
Findings:

Personnel record review for Staff E (Med Tech/caregiver), hired on , did not contain a certificate documenting in-service training in Control prior to providing direct care to residents. Review of her record did not reveal training as a certified nursing assistant (CNA) or home health aide (HHA).

On / at 4:15 PM, the Business Office Manager said she could not locate proof of the training for

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Staff E.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview, the facility failed to have evidence that 3 of 4 sampled unlicensed staff (D, E, F), in a sampled of 6, who provided assistance with the residents' medications received the required training or updates for providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Review of the Staff Schedule for the weeks of 9/4- and - revealed that Staff D, E and F were assigned the roles of Med Techs.

Review of the personnel records for Staff E, hired on as a Med Tech, found it did not contain evidence of a 4-hour training for providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

On at 4:15 PM, the Business Manager/Human Resources staff said she didn't think Staff E was doing Med Tech work yet. She reviewed the printed schedule and confirmed it said she was assigned as Med Tech. She was not able to produce a training certificate for Staff E.

Staff D's personnel record review revealed the last 2-hour annual continued education training in assistance with self-administration medications and medication management was completed on / .

Staff F's personnel record review revealed that last 2-hour annual continued education training in assistance with self-administration medications and medication management was completed on / .

On at 2 PM, an interview with the Business Office Manager confirmed that was the last trainings completed documented for staff D and F.

Class III

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0086 Training - ADRD

Based on observations, record review and interview the facility failed to ensure 2 of 6 staff (A and B) had completed training in and Related (Level I).
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 # B revealed she was hired / . The review revealed a certificate dated that inidcated 37 minutes training regarding . The review revealed no evidence she attended/received 4 hours of initial -specific training Level I, within 3 months after beginning employment developed or approved by the department. 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 4 PM with the bussiness office manager who said that the documentation was not available.

Personnel Record Review for Staff A (Administrator), hired on / , revealed that he did not have ADRD Level I.

In an interview with the Business Office Manager on / at 4:15pm, she confirmed that she did not have proof of this training for Staff A.

Class III

0091 Training - Documentation & Monitoring

Based on personnel record review and interview the facility failed to ensure that certificates of training contained all the required information for 1 of 6 personnel record reviewed (#B).
Findings:
Personnel record review for staff #B revealed she was hired / and was a Registered Nurse. The review revealed a certificate dated that indicated a 60 minute in service titled , Neglect and , Resident Rights. A certificate dated indicated a 61-minute in-service training regarding the facility's elopement policies and procedure. A certificate dated indicated an in-service training regarding fire safety and major incidents. A certificate dated indicated an in-service training regarding the facility's Do No policies and procedure. The in-service training was done computerized. Continued review revealed the certificates of training did not document documented the following: the training program agenda; and location of the training program; the training

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provider's name, dated signature and credentials, and professional license number, if applicable.
During an interview on at 4 PM with the business office manager who said the classes were done on line and the certificates printed that way.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility did not maintain a living environment free of pests and did not ensure all architectural and structural systems were maintained in good working order.
Findings:
Observation of the memory care unit at 9:20 AM revealed stained carpeting throughout the entire unit and plaster damage to the wall, on the right side, immediately upon entering the dining . The entrance doors for 122, 123, 127, 129 had multiple dents.
Observation of the dining 10:45 AM revealed live roaches on the wall, near the tables where the residents sat for their meals.
On at 10:50 AM, when shown the roaches, the licensed nurse said "okay."
On / at 4:30 PM, the administrator offered no response.

Observations on / at 11:45 AM noted the carpet in had several large dark spots.

Observations on at 12 PM noted the carpet in had several large dark spots. A roach was observed crawling across the floor.

The wellness nurse stated on / /16 that the carpets had been cleaned 2 weeks ago.

Class III

0167 Resident Contracts

Based on resident contract review and interview the facility did not ensure that each resident's contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 1 of 2 sampled residents contracts (#1 and #3)

Findings:

Review of the contracts for resident #3 revealed the contracts did not include a statement to inform the resident or her responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever came first.

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The contract noted "In addition, not more than 30 days prior to the date of this agreement, and at least annually, thereafter or upon our request, you agree to undergo an examination by your physician (or other licensed provider as allowed by law)."

For resident #1 and #3 the contract did not contain a list of specific services and costs that were provided under the Limited Nursing Services (LNS) License that was held by the facility.

Class

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 7 of 8 facility employees (A, B, D, E, F, G, and H) subject to a background screening.
Findings:
Review of the Agency's screening clearing house website on at 6:45 AM revealed the facility did not have a roster that listed all the facility employees.
Review of the Agency's screening clearing house website on at 2 PM revealed the facility's employee roster did not list 7 employees that included the administrator, the registered nurse, although they had been background screened.
During an interview at 4 PM on , with the business office manager, who said she the background employee roster needed to be completed.
Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review, Level 2 Background Screening Clearinghouse website & interview, the facility failed to have documented Level 2 Background Screening (BGS) results for 1 of 7 sampled staff (F) completed.

Findings:

Staff F's personnel record review revealed a Level 1 background screening, not the required documented Level 2 Background Screening (BGS) results on file.

On at 3:30 PM the Level 2 Background Screening (BGS) online website was checked at the facility revealing that a "new screening required" for Level 2 BGS.

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On at 3:45 PM, an interview with the Business Office Manager who confirmed the finding.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703

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 , 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

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