STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	**08/16/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901**	

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

0000 Initial Comments

On , 2016 a biennial re-licensure survey was conducted at Brookdale Melbourne on . Brookdale Melbourne with Limited Nursing Services (License# 9396) had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not ensure the Health Assessment (form 1823) for 1 of 3 sampled records was accurate and fully completed by the health care provider.

Findings:

On /, a review of the Health Assessment/1823 for Resident #10 dated / was found to have no indication regarding medication administration or diet order. Both sections were left blank on the form.

In an interview with the administrator at 4:00 pm, she stated she was not aware there was information missing on the resident's health assessment form.

Class III

0167 Resident Contracts

Based on Resident Record Review and interview, the facility failed to include a provision in the resident contract that residents require a new Health Assessment every 3 years, or after a significant change in health status, and failed to include a description of the services provided for Limited Nursing Services and their cost for 2 of 3 sampled residents (#10, #14).

Findings:

Resident Contract Review on / for 2 of 3 residents, #10 (contract dated /), and #14, (contract dated), did not contain language indicating that the Health Assessment (1823) must be updated every 3 years or after a significant change in health. The current contract stated the Health Assessment must be updated " at least annually or upon our request. "

The current contract did not contain a description of services to be provided under the Limited Nursing Services (LNS) license or the cost that would be charged to the residents for those services for Resident

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contracts #10 & #14.

In an interview with the administrator on / at 4:00 pm, she stated that she would speak with the corporate office about changing the language in the contract to meet the requirements. She also stated that the facility does not charge for LNS services, but would request that their contract state the services offered and that the costs are included.

Class

Z814 Background Screening Clearinghouse

Based on the Personnel Record Review, the Agency's Background Screening Website and Interview, the facility did not register and maintain the employment status of all employees within the clearinghouse or report any changes within 10 business days, for 2 of 7 sampled staff.

Findings:

On at 2:30 pm, review of the Agency's Background Screening website revealed that the following 2 of 7 sampled staff were not accurately recorded on the clearinghouse website: Staff E, hired and Staff G, hired /, both currently employed, were not listed on the clearinghouse roster for the facility.

In an interview with the administrator and Human Resources (HR) Manager on / at 4:00 pm, they agreed that the roster did not include these 2 employees. They were not aware that Staff G, who also works at another corporate facility, had to be on their roster as well. And they believed they had included Staff E, but must have missed her name. The HR Manager stated she would fix it immediately.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Brookdale Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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