STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	10/19/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 GREENBORO DRIVE MELBOURNE, FL 32904**	

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

0000 Initial Comments

On , an abbreviated, biennial re-licensure survey with Limited Nursing Services was conducted at Brookdale West Melbourne. Deficient practice was identified during the survey.

Z814 Background Screening Clearinghouse

Based on review of the Agency's Background Screening Clearinghouse website and interview, the facility failed to maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 5 sampled staff (B and C).

Findings:

Review of the Agency's Background Screening website revealed Staff B and C were not on the clearinghouse list for the facility.

In an interview with the administrator on / at 1:3 0pm, she confirmed these 2 employees were not on the roster.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (A) was in compliance with background screening requirements.

Findings:
Personnel record review for Staff A revealed her last background screening result was dated / (more than 5 years ago).

Review of the Agency's Background Screening website on revealed "a new screening is required" for staff A.

On at 1:30 PM, the Human Resources manager said she tried to stay on top of the dates for all staff. She would send staff A to get her background screening right away.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Brookdale West Melbourne
7300 Greenboro Drive
Melbourne, FL 32904

RE: Abbreviated 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

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