STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	12/14/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TEQUESTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **205 VILLAGE BLVD** **TEQUESTA, FL 33469**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 12/13/2016 & 12/14/2016 at Brookdale Tequesta (License #8833). The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, staff interview and resident record review, facility staff failed to assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 out of 5 sampled residents (Resident #4).

The findings included:

On _ _ _ _ at 9:00 AM, Staff A (Licensed Practical Nurse/LPN) was observed administering Resident #4's medication. She initialed each medication box to indicate each medication had been given on the MORs, then brought the pills to the resident. She was observed pre-signing all medications on the 2016 MORs during the morning medication pass for Resident #4.

Staff A stated during interview at 9:15 AM that she initials the medications on the Medication Observation Administration Record (MOR) when taking the medications out of the labeled medication containers before giving the medications to the residents. She also stated she will circle her initials upon return, after giving the residents the medications, if the resident does not take the medication.

The resident was provided the following medications at this time:

a. Amlodopine
b.
c. HCTZ
d.
e. Hydroxysine
f.
g.
h.

The above findings were acknowledged by the Health and Wellness Director during interview at 12:00 PM on .

Class III

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0078 - **Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on interview and record review it was determined the facility failed to ensure that newly hired staff had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days after beginning employment for 1 of 2 newly hired (less that one year employment) sampled staff (Staff C). In addition, based on interview and record review it was determined the facility failed to ensure that evidence of a negative examination was documented on an annual basis for 1 of 1 sampled long-term staff (Staff B).

The Findings included:

1) During interview and personnel record review conducted with the HWD (Health and Wellness Director), on beginning at approximately 11:00 AM, she was provided the opportunity to provide documentation that the following staff member does not have any signs or symptoms of communicable :

a) Staff C: date of hire noted as

The HWD acknowledged that this documentation was not included in this staff member's personnel file at this time.

2) During interview and personnel record review conducted with the HWD (Health and Wellness Director), on beginning at approximately 11:00 AM, she was provided the opportunity to provide documentation of a negative tuberculosis examination on an annual basis, specifically for 2015:

a) Staff B: date of hire noted as

The HWD acknowledged that this documentation was not included in this staff member's personnel file at this time.

Class III

(2) - **Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on interview and record review, it was determined the facility failed to maintain documentation of a staff member who has completed courses in First Aid and (currently holding a valid card documenting completion of these courses) was in the facility at all times, specifically related to the 11:00 PM - 7:00 AM shift and 2 of 2 staff that work this shift (Staff C and Staff H).

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BROOKDALE TEQUESTA	205 VILLAGE BLVD TEQUESTA, FL 33469

SUMMARY STATEMENT OF DEFICIENCIES
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The Findings included:

During interview and personnel record review conducted with the HWD (Health and Wellness Director), on 12/14/2016 beginning at approximately 11:00 AM, she was provided the opportunity to locate copies of currently valid cards documenting completion of First Aid and for the only 2 staff members scheduled to work on the 11:00 PM - 7:00 shift on / & /

a) Staff C: date of hire noted as
b) Staff H: date of hire noted at

The HWD was not able to locate this required documentation for these 2 staff. She acknowledged that they were the only 2 staff scheduled to work the 11:00 PM - 7:00 AM shift on and 12/ /2016.

C.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, it was determined the facility failed to insure that each staff member had received inservice training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment for 1 of 3 sampled staff (Staff C). In addition, based on interview and record review it was determined the facility failed to ensure that each staff member who provides direct care to residents (other than nurses, CNAs, or home health aides) must receive 3 hours of inservice training within 30 days of employment that covers Resident Behavior and Needs & Providing Assistance with Activities of Daily Living of 1 of 3 sampled staff (Staff C).

The Findings included:

1) During interview and personnel record review conducted with the HWD (Health and Wellness Director), on / /2016 beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation that the following staff member had received inservice training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment:

a) Staff C: date of hire noted as / /2016

The HWD could only locate documentation of inservice training related to elopements dated / (which was 6 months after hire).

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2) During interview and personnel record review conducted with the HWD (Health and Wellness Director), on 12/14/2016 beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation that the following staff member had received inservice training regarding Resident Behavior and Needs & Providing Assistance with Activities of Daily Living within thirty (30) days of employment for a staff member that provided direct care to residents of this facility:

a) Staff C: date of hire noted as /

The HWD could not locate documentation of these required trainings. She also acknowledged that there was no copy of a CNA or home health aide certificate on file for Staff C.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member (that provides direct care for residents) received at least 1 hour of training in the facility's policies and procedures regarding DNROs within 30 days after employment for 1 of 3 sampled staff (Staff C).

The Findings included:

During interview and personnel record review conducted with the HWD (Health and Wellness Director), on / beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation that the following staff member had received inservice training regarding the facility's (Do Not Resuscitate Orders) policies and procedures within thirty (30) days of employment:

a) Staff C: date of hire noted as 02/12/2016

The HWD could only locate documentation of inservice training related to dated / (which was 6 months after hire).

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, it was determined the facility failed to maintain the employment status of all employees within the clearinghouse and ensure that any changes in employment status is reported within 10 business days for 3 of 3 sampled terminated staff (Staff E, Staff F, and Staff G).
The Findings included:
During interview and record review conducted with the BOC (Business Office Coordinator) and the HWD (Health and Wellness Director), on beginning at approximately 11:00 AM, the BOC gained access to the AHCA (Agency for Health Care Administration) background screening clearinghouse roster website for review. The following terminated staff members were located on the background screening clearinghouse roster. Their employment status (terminated) had not been updated per regulatory requirements (within 10 business days) for the following staff:
a) Staff E: date of hire noted as ; date of termination noted as
b) Staff F: date of hire noted as ; date of termination noted as
c) Staff G: date of hire noted as ; date of termination noted as
The BOC and the HWD could not provide an explanation as to why the background screening clearinghouse roster had not been updated to reflect these terminations.
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Brookdale Tequesta
205 Village Blvd
Tequesta, FL 33469

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 , 2017.** 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/dso
Enclosure
XG90

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