STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	12/27/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted / . Brookdale West Melbourne, license #9766, had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure the resident met the minimum admission criteria for 1 of 1 sampled residents (#1).
Findings:
Record review for resident #1 revealed she was admitted to the facility on . An admission health assessment form 1823 dated / read she required total assistance with ambulation, bathing, dressing, , toileting, transfers. Further review revealed no evidence she received hospice services.
During an interview with a resident aide on at 1:24 PM, she said resident #1 required total assistance with her Activities of Daily Living (ADLs.)
During an observation of the resident on at 2:00 PM, she transferred from a wheelchair to her bed with the assistance of one person and she was able to use her feet to pivot.
During an interview with the administrator and resident care coordinator on at 2:50 PM, they confirmed the findings on the 1823 form and said resident #1 did not require total assistance. The administrator said "I don't know how we missed that."
Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility did not ensure the health assessment form 1823 was complete for 1 of 1 sampled residents (#1.)

Findings:

Record review for resident #1 revealed she was admitted to the facility on . A review of her health assessment form 1823 dated / revealed the section regarding how much assistance she required with taking her medications was blank.

There was no documented evidence the facility obtained the omitted information from a health care provider.

During an interview with the administrator and the resident care coordinator on at 2:50 PM, they confirmed the finding.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview, and record review, the facility did not provide care and services appropriate to the needs of residents and did not follow a health care provider's order for 1 of 3 sampled residents (#1.)
Findings:
Upon entering the facility, resident #1 was identified as receiving Limited Nursing Services (LNS) for -Embolic Deterrent ( ) hose.
Observation of the resident on at 11:09 AM revealed she was not wearing the hose.
On at 11:15 AM, the LNS registered nurse confirmed resident #1 was not wearing the hose and said "they keep disappearing."
Record review for resident #1 revealed a health care provider order dated that read ' hose, apply in the AM and remove in the PM.'
Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 4 personnel records (A & B) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for staff A, a resident care associate, revealed a examination dated / with no documented results of the examination.

On at 2:39 PM, the business office manager confirmed the finding and said "I will call her other job and see if they have the results."

2. Personnel record review for staff B, a resident care associate, revealed a negative examination dated . There was no documented evidence of a negative examination for 2016.

On at 2:39 PM, the business office manager confirmed the finding and said "I gave her the paperwork to take it to the urgent care."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Brookdale West Melbourne
7199 Greenboro Dr
Melbourne, FL 32904

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 , 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 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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