STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	01/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SUNRISE	**4201 SPRINGTREE DRIVE SUNRISE, FL 33351**

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

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

Based on record review and interview, it was determined that the facility failed to register all employees with the clearinghouse and maintain the employment status of all employees with the clearing house for 10 of 10 sampled employees (Employees 1-10).

The findings include:

Review of the clearing house roster conducted on / / revealed 10 of 10 employees on the current staff schedule (Employees 1-10), revealed the facility had not registered the 10 employee's in the facility's employee roster with the clearinghouse.

A review of the facilities current employee list revealed the following:

1) Employee "1" has a hire date of and is employed as a Licensed Practical Nurse
2) Employee "2" has a hire date of hire of / / and is employed as a Med Tech / CNA
3) Employee "3" has a hire date of hire of and is employed as a Med Tech
4) Employee "4" has a hire date of / Employee "2" and is employed as a Med Tech
5) Employee "5" has a hire date of hire of / and is employed as a Med Tech
6) Employee "6" has a hire date of hire of and is employed as a Med Tech
7) Employee "7" has a hire date of hire of and is employed as a Resident Care Associate
8) Employee "8" has a hire date of hire of / and is employed as a Resident Care associate
9) Employee "9" has a hire date of hire of / / and is employed as a Resident Care associate
10) Employee "10" has a hire date of hire of and is employed as a Residents Care Associate

In an interview with the Associate Executive Director on / / , she attempted to access the roster for review. She could not access the clearinghouse roster for review and she acknowledged the findings.

In an interview with the Administrator on / / at 3:10PM, he acknowledged the findings and stated it would be updated.

Unclassified

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0000 - Initial Comments

An unannounced relicensure survey was conducted on / and / at Brookdale Sunrise (License#7433). The facility had deficienices identified at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, it was determined the facility failed to secure centrally stored medications in a locked cart at all times.

The findings included:

On / at 12:04PM, observation inside of the Wellness Center revealed an unlocked medication cart , with the keys dangling from the lock. Observation also revealed the 3rd drawer of the medication cart drawer ajar exposing residents medications. Further observation revealed two empty medication cards on top of the med cart with Resident#21's information exposed. Continued observation for approximately 10 minutes revealed there were no staff members in the Wellness Center. However, there was a case manager and a residents family member in the wellness center with access to the unattended/ unlocked med cart.

An interview was conducted with the Administrator at 12:15PM, he stated the med cart should never be left unlocked. He identified the Med Tech responsible and he acknowledged the findings.

An interview was conducted with Staff D at 12:55PM, she stated she is aware that the med cart must be kept locked at all time when unattended and she made a mistake.

Class III

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

Based on record review and interview, it was determined the facility failed to ensure that each staff member submit a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 3 of 3 sampled staff (Staff A, Staff B, Staff C).

The findings included:

On / at 1:00PM, a record review was conducted for Staff A. Staff A has a expired

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SUMMARY STATEMENT OF DEFICIENCIES
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communicable statement dated 9/30/2015. A record review was conducted for Staff B. Staff B has an expired communicable statement dated / . A record review was conducted for Staff C. Staff C has a expired communicable statesmen dated / . Further review of Staff A,B, and C's records revealed that there was no current written statement from a health care provider documenting that Staff A,B, and C does not have any signs or symptoms of communicable .

An interview was conducted with the Administrator on / at approximately 3:00PM and he acknowledged the findings. He provided no further information for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined that the assisted living facility failed to maintain a safe living environment which was free of hazards and maintained in good working order.

The findings included:

During a tour conducted on / / at 11:25 AM accompanied by the Administrator, and the Director of Maintenance, the following were noted:

1) First Floor East Unit (1115-1130):
a) All the inside handrails were littered with debris.
b) # - The carpet in front of the entry door was soiled, and the kitchen cabinets in common areas were in disrepair.
c) # - The entry door was heavily scuffed and scratched, and there was a cable running across the common living front of the sliding doors out to the patio.
d) # - The entry door was heavily scuffed and scratched
e) # - The carpet in front of the the hallway was littered with debris, and there were stains on the ceiling tiles in the hallway adjacent to this .

2) First Floor East Unit (1101-1112):
a) All the inside handrails were littered with debris.
b) # - There were stains on the ceiling tiles in the hallway adjacent to this .
c) # - The carpet in front of the the hallway was soiled and stained.
d) # -1108- The carpet in front of these in the hallway were soiled and stained.

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e) Room #1105- The carpet was observed to be worn and stained.

3) Second Floor East Unit (1215-1230):
a) All the inside handrails were littered with debris.
b) # - Screen in screened patio was falling in and in disrepair.
c) # - Threshold was missing.
d) # - The paint was chipped by the wall next to the entry door.

4) Second Floor East Unit (rooms 1201-1212):
a) All the inside handrails were littered with debris.
b) Room # 1208- The light fixture in front of this room was in disrepair, entry door to room was scuffed, the closet door was in disrepair and the common living being used as a storage area and unable to be used by the resident.

5) Third Floor East Unit (1315-1330):
a) All the inside handrails were littered with debris and the carpet directly in front of the elevators was soiled and stained.
b) # - The entry door to scuffed.
c) # - The entry door to scuffed.
d) # - The paint on the wall by the entry door was in disrepair, refrigerator in common area had a black mold like stain on the front and underneath the freezer door.
e) # - Screen in screened porch in disrepair and falling in, the kitchen cabinets in the common area are missing a door.

6) Third Floor East Unit (1323-1326):
a) # - The entry door needs refinishing.
b) # - The wall by the entry door is in disrepair.
Photo evidence was obtained.
In an interview conducted on / at 10:30 AM with Resident #4, she stated that her carpet was soiled and that they have not replaced it, she states that she cannot the last time they came in to her vacuum.
In an interview conducted on / at 11:50 AM with the Administrator and the Director of Maintenance, they acknowledged the findings and stated that they would have them corrected.

7) Memory Care Unit (2101 -2127)
- The vertical blinds covering the glass door has missing slats laying on the floor.
- The vertical blinds covering the glass door has four (4) slats missing.

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During and interview on / at 1:30 PM, the family of Resident #20 said that the slats have been missing in Rm 2111 for about two years and she had asked for them to be replaced.
During an interview on / / at 3:00 PM with the Director of Maintenance, he confirmed that the slats were missing preventing complete privacy for the residents residing in both . He says he was not aware of the slats being missing from the blinds and did not receive a work order for it. He says he will put in a work order for them to be replaced.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Sunrise
4201 Springtree Drive
Sunrise, FL 33351

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a state licensure Monitoring survey that was conducted on 17-18, 2017 by a representative 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 representative. 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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