STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road** **TALLAHASSEE, FL 32308**	

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

E207 - ECC - Services - 58A-5.030(8) FAC

Based on record review and staff interview the facility failed to conduct monthly nursing assessments for all residents receiving Extended Congregate Care (ECC) services for 2 of 2 sampled residents receiving ECC. (residents #12 and 13)

The findings include:

Review of resident #12's record revealed the resident was currently receiving ECC services for care. The record revealed no nursing assessment documented for the month of , 2017. The last documented nursing assessment was dated .

Review of resident #13's record revealed the resident was currently receiving ECC services for Activities of Daily Living. The record revealed no nursing assessment documented for the month of , 2017. The last documented nursing assessment was dated .

An interview was conducted with the facility Administrator on at approximately 9:17 AM. The Administrator stated the facility did not get the monthly nursing assessments done for the month of , .

Class III

0000 - Initial Comments

An unannounced biennial licensure survey with extended congregate care was conducted at Broadview Assisted Living (license #9700) located in Tallahassee, FL from through . Deficient practice was identified at the time of the survey.

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

Based on record review and staff interview the facility failed to obtain a completed health assessment (Form1823) for 1 of 4 sampled residents (#7).
Findings include:
Review of resident #7's medical record revealed an health assessment (Form1823) dated and signed by a health care provider. The required documentation for weight, height, and the professional opinion that resident #7's needs to could be met in an ALF was omitted.
On at 12:45 pm the Administrator was interviewed pertaining to an the incomplete 1823. After examination of the 1823 for resident #7, the Administrator confirmed there was omitted information and stated it was the responsibility of the facility to obtain missing documentation.

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Class III

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

Based on observation and staff interview the facility failed to ensure excess, centrally stored, resident medications were kept in a locked locked storage container at all times for 1 of 2 medication observed. (1st floor medication)

The findings include:

An observation of the 1st floor medication conducted on at approximately 9:25 AM. The medication was slightly ajar, the doorknob was in the locked position, and the surveyor was able to open the door. Several medications to include , , , inhalers, , , and were observed stored in bins in the medication . The bins were not locked.

An interview was conducted with the Director of Nursing (DON) on at approximately 9:35 AM. The DON observed the unlocked door to the medication , stated they store excess resident medications in the , and confirmed the have been kept locked.

Class III

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

Based on record review of employee files and staff interview the facility failed to ensure 1 of 3 staff employees reviewed (staff A) received required annual ( ) testing, and failed to ensure 1 of 3 employees reviewed (Staff B) had submitted a written statement from a health care provider documenting they were free from communicable , including ( ) screening within 30 days of employment and failed to ensure annual testing for 2 of 3 sampled staff. (A and B)

The findings include:
Review of employee file for staff A 's file with the revealed a hire date of revealed with the last recorded annual testing was completed on , which did not meet the annual requirement.
Review of employee file for staff B 's file revealed a hire date of . Upon review Review of the employee ' s file a health statement was dated and however; it was signed by an LPN (licensed practical nurse), not a healthcare provider as required.
On at 12:45 pm the Administrator was interviewed pertaining to health statements being free of communicable and annual testing these findings. The administrator reviewed employee A 's

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record and confirmed that the health statement in the file was signed by an LPN and not a healthcare provider. Employee B 's record was also reviewed by the Administrator and she confirmed that the last testing in the file was conducted on . The Administrator confirmed that she did not have any additional documentation to present.

Class III

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

Based on review of employee files and staff interviews the facility failed to ensure direct care staff received all required in-service training within 30 days of employment for 2 of the 3 sampled direct care staff. (A and B)

The findings include:
Review of employee file for resident aide A revealed a hire date of . The record lacked documentation of training regarding and ( ).

Review of employee file for resident aide B revealed a hire date of . The record revealed no trainings related to , , incident reporting, emergency preparedness, evacuation, elopement, and only 2 hours documented for ADL (Activities of Daily Living) training instead of the three required hours.

On at 12:45 PM an interview was conducted with the Administrator to discuss training documentation that could not be found in the employee files. The Administrator reviewed the employee files and confirmed the required training was not documented in the records and she was unable to supply the missing training.
Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on review of employee files and staff interview the facility failed to ensure direct care staff received education on and within 30 days of employment for 1 of 3 sampled employees. (B)

The findings include:

Review of employee file for resident aide B revealed a hire date of , with no evidence of required / training.

On at 12:45pm an interview was conducted with the Administrator to discuss training

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documentation that could not be found in the employee files. The Administrator reviewed the employee files and confirmed the required training was not documented in the records and she was unable to supply the missing training.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on review of employee files and staff interview the facility failed to ensure the required in-service certificates included all required elements for 3 of 3 sampled direct care staff. (A, B, C)

The findings include:

Review of employee file for direct care aide A revealed training certificates for Psychosocial Care training; Monitoring Residents for Changes in Condition training, Orientation, Resident Rights, and ( ) training were without the required documented number of hours, agenda, and location of training.

Review of employee file for direct care aide B revealed training certificates for Control training, Assisting with Activities of Daily Living, Psychosocial Care, Orientation, and Resident Rights were without the required documented number of hours, agenda and location of training.

Review of employee file for direct care aide C revealed training certificates for , Monitoring Residents for Changes in Condition, Food Safety in Residential Care, Recognizing and Reporting Elder , Wandering, Emergency Procedures, Psychosocial Care, Assisting with Activities of Daily Living, Incident Reporting, Special Needs of the Elderly, Control, Orientation, Resident Rights, Borne , and ECC training were noted without the required documented hours, agenda and location of training.

On at 12:45 pm the Administrator was interviewed pertaining to the lack of documentation for employee trainings. The Administrator reviewed the certificates during the interview and confirmed that they did not have the required documentation and stated they would correct this issue moving forward.

Class III