STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	**02/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

Z814 Background Screening Clearinghouse

Based on record review, and staff interview, the facility failed to update the facility Employee Roster on the Agency background screening clearing house for 9 employees who are no longer working at the facility.

The findings include:

A review of the Agency's Background screening clearing house website on at 10:45 AM reveals the facility employee's roster listed 9 employees who are no longer working at the facility. (photographic evidence obtained)

An interview with the Executive Director on at 11:10 AM confirmed the roster was not accurate due to 9 employees listed are no longer working at the facility.

UNCLASSIFIED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	**02/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

0000 Initial Comments

On , 2017 a biennial re-licensure survey was conducted at Brookdale of Port Orange (License #8913). Deficient practice was identified during the survey.

0032 Resident Care - Elopement Standards

Based on record review and staff interview, the facility failed to conduct and document elopement drills for the residents and staff as pursuant to Sections 429.41(1)(a)3. and 429.41(1)(A), F.S. affecting 39 out of the 39 residents on the current census.

The findings include:

A review was conducted of the facility Elopement Drills on , revealing all staff members where not in attendance to when the drills over done.

An interview with the Executive Director on at 1:20 PM confirmed the facility conducts monthly elopement drills but not all staff are in attendance for the drills. He stated " I didn't know that all staff had to be at the drills."

An interview with the Executive Director on at 2:15 PM confirmed he reviewed all the facility elopement drills and not all staff were in attendance at the facility elopement drills.

CLASS III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 3 of 3 sampled employees (Employee B, C and D) facility elopement policy and procedures, within 30 days of employment. In addition the facility failed to ensure 2 of 3 sampled employees (Employee C & D) received training in providing assistance with activities of daily living, and safe food handling practices within 30 days of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	02/23/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

The findings include:

1) A record review was conducted for Employee C which revealed a hire date of . . . . . No evidence could be found that Employee C received 3 hours in behavioral needs and Activities of daily living. (photographic evidence obtained)

An interview with the Executive Director (ED) on at 12:58 PM confirmed the Employee C did not receive the correct amount of training hours required for or in activities of daily living.

2) A record review was conducted for Employee C which revealed a hire date of . A certificate was found for Employee C In safe food handling for 35 minutes instead of the required 1 hour training. (photographic evidence obtained)

An interview with the Executive Director (ED) on at 2:10 PM confirmed the facility did not have evidence that Employee C received the required 1 hour of training in safe food handle and nutrition.

3) A record review was conducted for Employee D which revealed a hire date of . . . . . A certificate was found for Employee D In safe food handling dated for 25 minutes instead of the required 1 hour training.

An interview with the Executive Director (ED) on at 3:15 PM confirmed Employee D, did not receive the required 1 hour in safe food handle and nutrition

4) On , a record review was conduced for Employees B, C, and D but no evidence could be found the employees were trained on the facilities policy and procedures on elopement drills and elopement response training.

An interview with the ED on . . . . . confirmed the facility staff are trained in elopement and not specific to the facility policy and procedures and response to resident elopement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	**02/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

CLASS III

0083 Training - First Aid and

Based on record review and staff interviews, the facility failed to have 1 staff member trained in , Recitation ( ) and First Aid at all times in the facility for Employee's B and C, out of 3 employees records sampled.

The findings include:

A record review for Employee B, revealed a hire date of . A current certification in and First Aid was not found.

A record review for Employee C, revealed a hire date of . A current certification in and First Aid was not found.

An interview with the Health and Wellness Director on at 2:32 PM confirmed Employee's B & C, were not currently certified in and First Aid and the facility was not always staffed with at least 1 person trained in /First aid at all times.

CLASS III

0090 Training -

Based on a review of employee files, and interviews with the Executive Director , the facility failed to ensure 3 of 3 sampled employees (Employee B, C and D) that provide direct care to residents received at least one hour of training in the facility's policy and procedures on ( ) within 30 days after employment.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	**02/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**	

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

1) Record review of the employee file for Employee B, with a hire date found no evidence she received 1 hour of training in the facility's policy and procedures regarding 's.

An interview with the Executive Director on 1:05 PM confirmed Employee B, had no evidence she received training in the facility's policy and procedures regarding .

2) Record review of the employee file for Employee C, with a hire date found no evidence she received 1 hour of training in the facility's policy and procedures regarding 's.

An interview with the Executive Director on 1:05 PM confirmed Employee C, had no evidence she received training in the facility's policy and procedures regarding .

3) Record review of the employee file for Employee D, with a hire date found no evidence she received 1 hour of training in the facility's policy and procedures regarding 's.

An interview with the Executive Director on 3:10 PM confirmed Employee D, had no evidence she received training in the facility's policy and procedures regarding .

CLASS III