STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7200 GREENBORO DR** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . Brookdale West Melbourne license # 9244 had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure freedom from ( ) was documented yearly for 1 of 4 sampled staff (B).

Findings:

Personnel record review for staff B, revealed freedom of . Continued review revealed no evidence to confirm she provided freedom from for 2017.

In an interview with the administrator on at 12:30 PM, who said the date was overlooked and the staff was due to bring in the documentation.

Class III

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

Based on interview and personnel record review the facility failed to provide or arrange for 1 of 4 sampled staff (D) to receive the mandated in-service training.

Findings:

In an interview on at 9:30 AM staff D identified herself as the facility's Registered Nurse (RN) responsible for conducting nursing assessments. She had been conducting nursing assessments at facility since .

Personnel record review for staff D revealed no evidence to confirm she attended and in-service training regarding the facility's elopement policy and procedures, the facilities policy and procedures and the facility's emergency plan & evacuation including chain of command.

In an interview on at 12:30 PM, the administrator who said her paperwork was at the corporate office. An opportunity was provided to obtain the documentation and submit to the Agency Representative by electronic mail by ay 10 AM. An e-mail was not received.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	**03/23/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	**7200 GREENBORO DR MELBOURNE, FL 32904**

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

Class III

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

Based on personnel record review and interview the facility failed to ensure that certificates of training contained all the required information for 2 of 4 sampled staff (B and C).

Findings:

1. Personnel record review for staff B revealed she was hired on . The review revealed a certificate that indicated she received an in-service training regarding control, the facility's emergency procedures & major incident reporting, Residents' Rights & Recognizing /neglect and , all dated . However, the certificates did not contain the training provider's name, date and signature, credentials and professional license number, if applicable

2. Personnel record review for staff C revealed she was hired . The review revealed a certificate that indicated she received an in-service training regarding control dated , Activities of Daily Living (ADL) & behavioral needs, elopement policies and procedures, the facility's emergency procedures & major incident reporting and policies and procedures dated . Residents' Rights, Recognizing /neglect and , were dated . However, the certificates did contain the training provider's name, date and signature, credentials and professional license number, if applicable.

In an interview on at 12:30 PM with the business, office manager who stated the staff normally took the in-services on line but the certificates were not printed timely.

Class

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview the facility failed to ensure the personnel record for 1 of 4 sampled staff (D) contained the mandated documentation.

Findings:

In an interview on at 9:30 AM staff D identified herself as the facility's Registered Nurse (RN) responsible for conducting nursing assessments. She had been at the facility since .

Personnel record review for staff D revealed that an application for employment and job description were

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7200 GREENBORO DR** **MELBOURNE, FL 32904**	

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

not available.

In an interview on at 12:30 PM, the administrator who said her paperwork was at the corporate office. An opportunity was provided to obtain the documentation and submit to the Agency Representative by electronic e-mail by at 10 AM. An e- mail was not received.

Class