STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

The re-licensure survey was conducted on , , & in conjunction with a Complaint Investigation #2017000100. Brookdale Lake Orienta Assisted Living (License# 9795) had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the administrator failed to monitor and to take into considerations the accuracy of information that was provided to the facility on the Resident Health Assessment form to determine the continued appropriateness of placement 2 of 10 sampled residents (#2 and #24) and retained 5 of 10 residents who required total care with all activities of Daily living, (ADLs), transfers and ambulation (#1,#2, #7,#18 and #24) and a resident who had a Pressure that did not improve in 30 days and became unstageable (#2) all which exceeded the continued residency criteria.

Findings:

1. Record review for resident #2 revealed a Resident Health Assessment Form 1823 dated that included diagnosis of , , , , , and Parkinson, it also noted he required total care with ambulation, transfers and toileting. Review of the home health notes revealed that on the nurse documented that he had pressure that on measured 2.6 x 1 x 0.01 and on it measured 2.4 x 2.3 x 0.1.

On at 12:30 PM, an observation was made with the home health agency nurse. Resident #2 was in his bed, laying partially on his left side. Staff K was also present, the home health agency's nurse explained to Resident#2 about his care. Resident#2 needed to be repositioned in order for the nurse to be able to clean the thoroughly. Resident#2 asked the staff to move his right leg because he was unable to. The home health agency nurse said that the last notes on indicated a pressure on the / . After she removed the dressing and cleaned the , she said that she would make the pressure "unstageable" because of the gray color at the center and the increased redness around the edges. She measured the entire red area at 4.8 x 2.2 cm. She asked resident #2 if the area was painful; he replied he really did not have much sensation there. She informed Resident #2 that he needed new orders and now possibly needed to see a care . He did not voice any concerns regarding the increase size of his . She applied a Duo-Derm and said she would contact her office to proceed with the care.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	**217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701**

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

Staff K was asked at the time could Resident #2 transfer and she responded that in all the time she had been there she had never seen the resident transfer.

On at 12:45 PM resident #2 stated he wished to stay sitting on the bed, as he was going to watch TV. He stated he received the care he needed. He was able to reposition in bed as long as he was on his side. He was not able to move if he laid on his back. He added that when he sat in his wheelchair he was able to use his arms to left himself up and rest the a bit.

2. Record review for Resident #18 revealed an 1823 was dated and included diagnosis of muscle and . The 1823 noted she required assistance with all of her ADL's and transfers and ambulation.

Observation on at 1:35 PM along with the Health and Wellness Director, revealed Staff A and Staff J were going to transfer Resident #18 from her wheelchair to her bed to provide personal care to her. The staff placed the gait belt around resident #18. As they were transferring Resident #18, both staff were struggling to get the resident out of the wheel chair. When they finally moved Resident #18 from the wheelchair to her bed staff A had to brace herself to prevent herself from falling on top of Resident #18 when they moved her to the bed. Resident #18 did not participate at all in the transfer. She did not move her feet. The staff had to lift her to the bed.

During an interview with Staff A and J on at 1:45 AM, they both said that Resident #18 could not assist with the transfers. Resident #18 was not able to bathe or . The staff had to bathe her in bed because she could not take a shower.

3. An observation on of resident #1 at 2:40 PM, revealed the resident requires 2 person assist (staff A & K) assisted with transferring resident #1 from the bed to the wheelchair for toileting. Resident #1 did not move or pivot his leg and did not assist with weight when the 2 staff were lifting him from bed into the wheelchair.

Record review revealed that resident #1 home health agency physical evaluation dated transfer with assist. Furthermore, the facility observation notes dated stated need 2 person assist with transferring.

On at 2:45 PM, an interview with the Health Wellness Director who stated that the resident has always helped with pivoting his feet to assist transferring when she assisted with him in the past.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

On at 4:30 PM, an exit interview with the Administrator whom offered no comment and confirmed the finding.

4. Observations on at 10 AM noted resident #24 sat in high back wheelchair and had tremors of the hands. He looked frail, leaned to the right and had a neck cushion around his neck (boppy pillow). His wheelchair had padded footrests. His mouth was open. Did not self -propelled

Interview on :15 AM with staff I who stated resident #24 was not able to assist with transfers or assist with activities of daily living (ADLs). It took two staff to transfer him from bed to chair and vice-versa. She added that he was not under the care of hospice.

Observations on 1:31 PM resident #24 was taken to his , the caregiver. The unit nurse was out to lunch, so staff L came to assist staff J staff with the transfer, 2 staff were needed. They removed the footrests, lowered the bed, put the gait belt on the resident, and explained to the resident that they were going to transfer him to the bed. They coached the resident to move up in his seat and tried 3 times to get him up and he was unable. Once he tried and his legs would not hold him up. Staff J tried to get the resident to use a walker, to no avail. The resident stayed in his wheelchair. Staff J stated he would sit out in common area. He was sleepy. The Health and Wellness Director was present in the resident's .

5. Observations on from 11AM to 12:25 PM resident #27 sat in his wheelchair in the common area until he was propelled to the dining . Observations noted the nurse fed the resident.

Resident record review for resident #24 revealed a health assessment report (1823) dated that listed diagnoses of , body , and Parkinson's . According to the 1823, the resident was unable to transfer, needed two-person assist with transfers and toileting and was total assist with bathing, dressing, and his wife feed him.

An up dated health assessment report dated indicated he was total in bathing, used a wheel chair for ambulation and needed 1 or 2 to transfer.

During an interview on at 2:30 PM with the Health Wellness Director offered no comment when asked about the resident's ability to assist with transfers and ADLs

6. Review of the Health Assessment (1823) dated for resident #7 revealed diagnoses of complicated , , , , and a right lateral malleolus

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

pressure . It was noted that he required "assistance" with ambulation, toileting and transferring.

Review of Home Health notes from through for resident #7 showed care for a , , and several wounds, some pressure and some . The only documented in the Home Health notes from was for a right , lower leg (injury from wheelchair). On , the was assessed and the dressing was changed.

The resident was observed on seated in a wheelchair at the activity table in the memory care unit. He smiled but did not respond when greeted. He participated in a group activity with balls and paddles.

On at 10:00 AM, was observed sitting in his wheelchair in the dining a coffee. He replied to being greeted and answered appropriately.

At 10:15 AM the nurse (staff I) stated resident # 7 was not able to assist with transfers or assist with ADLs. It took 2 staff to transfer him from bed to chair and vice-versa. She added the resident was not under the care of hospice. At 11:35AM, the resident was seen self-propelling himself to his get reading material. At 12:15 PM, a caregiver (staff J) and the nurse (staff I) attempted to move resident # 7 from his wheelchair to bed with extensive coaching and the use of a gait belt. The resident was not able to pivot. His bed had a cushion and the wheelchair had a cushion as well. A sign by his bed indicated to float heels at night. The caregiver stated the resident had no wounds. He was then transferred back to the wheelchair and to the dining . The Health and Wellness Director was present, but made no comment. At 1:40 PM, the unit nurse was still out to lunch, so staff J and K transferred the resident. The resident needed extensive coaching and the use of a gait belt. One staff lifted the resident's legs and the other staff adjusted his pillow and head. The resident was not able to pivot and was not under the care of hospice.

Class III

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

Based on personnel record review and interview, the facility failed to obtain a statement from the health care provider for 2 of 5 sampled Staff (C & E) documenting freedom from communicable and ( ).

Findings:

Personnel Record review for Staff C hired revealed no documentation to confirm she was free

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

from communicable .

Personnel record review for Staff E hired revealed no documentation within the last 12 months to confirm she was free from .

On at 2:30 PM, the administrator and the business manager confirmed that the documentation for Staff C and E was not in their records.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (A) had completed a one-hour in-service in Nutritional and Safe Food Handling within 30 days of hire.

Findings:

Personnel record review for Staff A, hired , revealed no documentation to confirm she had received the Nutritional and Safe Food Handling training.

In an interview with the business manager on at 2:00 PM, she confirmed she did not have a certificate for this training.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (C) had complete a one-time education course on and within 30 days of hire.

Findings:

Personnel record review for Staff C hired revealed no documentation to confirm she had received training in and .

In an interview with the business manager on at 2:00pm, she confirmed that she did not have a certificate for this training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	04/07/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview the facility failed to ensure that 3 of 5 sampled staff (B, D & E) who provide direct care to residents had received required training covering 's and Related .

Findings:

Personnel record review for Staff B, hired on revealed no documentation for training in Level 1 within 3 months of employment.

Personnel record review for Staff E (RN) hired revealed no documentation for training in Level I within 3 months of employment, Level II within 9 months of employment, or any annual updates since she was hired.

Personnel record reviews for Staff D, administrator, hired on revealed no documentation for the annual 4 hour update in 2015 or 2016. His last update was dated . A certificate was presented dated Sunday, that met the update requirement for 2017.

In an interview with the administrator on at 1:45 PM, he stated he had not had any recent updates.
In an interview with the Resident Care Director on at 2:30 PM, she presented a certificate for Staff D dated and said she had originally spelled his last name wrong and she had to look for the certificate. The Resident Care Director said she did not have certificates for Staff B or E for their training.

Class III

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

Based on personnel record review, Department of Health website review and interview, the facility failed to maintain copies of all licenses or certifications for staff providing services that require licensing or certification for 1 of 5 sampled staff (E).

Findings:

Personnel record review for Staff E (RN) hired , revealed a copy of a registered nursing license with an expiration date of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

A review of the Florida Department of Health's Medical Quality Assurance website revealed that Staff E had a valid RN license with an expiration date of .

In an interview with the Business manager and Health & Wellness Director on at 2:15pm, they stated they did not have the current license in the facility.

Class