STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	04/24/2017
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RETIREMENT LIVING 444**	STREET ADDRESS, CITY, STATE, ZIP CODE **3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, a biennial state licensure survey was conducted at Brookdale Safety Harbor, Assisted Living Facility, formerly known as Horizon Bay Vibrant Retirement Living 444. Deficiencies were identified at the time of the visit.

(License # 9748)

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

Based on record review and interview, the facility, with an in-house census of 84 residents, failed to ensure that newly hired staff (2 of 3 reviewed) submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable . . . . . including . . . . . .

Findings included:

Two of three employee records randomly selected for review on contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Staff A was hired to provide direct resident care services on . Staff A's employee file did not contain a statement of freedom from signs or symptoms of a communicable . . . . . including . Staff B was hired to provide direct resident care services on . Staff B's employee file did not contain a statement of freedom from signs or symptoms of a communicable . . . . . including .

The missing documentation was discussed with the Interim Administrator on at 3:30pm.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	**04/24/2017**
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RETIREMENT LIVING 444**	STREET ADDRESS, CITY, STATE, ZIP CODE **3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761**	

SUMMARY STATEMENT OF DEFICIENCIES
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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all (2 of 3 reviewed) staff who provide direct care to residents received 3 hours of in-service training within 30 days of employment that covers Resident behavior & needs and providing assistance with the activities of daily living. The facility failed to ensure that all (3 of 3 reviewed) facility staff receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. The facility failed to ensure that all (3 of 3 reviewed) facility staff receive a minimum of 1 hour in-service training within 30 days of employment that covers reporting major & adverse incidents and the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Findings included:

Per employee record review and staff interviews conducted at the facility on , Staff A was hired on as an LPN; Staff B was hired on as a Resident Aide; Staff C was hired on as a Resident Aide/Med Tech. All 3 employees reviewed provide direct resident care services. Employee records review revealed the following:

There were no certificates in Staff B & C employee records evidencing 3 hours of in-service training in Resident behavior & needs and providing assistance with the activities of daily living. Staff C's file contained a certificate that stated "estimated 60 minute online course" dated & signed by LPN/HHA as instructor. Staff B's file contained no training certificate.

There were no certificates in Staff A, B, & C employee records evidencing training in the facility's resident elopement response policies and procedures.

There were no certificates in Staff A, B, & C employee records evidencing a minimum of 1 hour in-service training within 30 days of employment that covers reporting major & adverse incidents and the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff A's file contained a certificate that stated "estimated 60 minute online course" dated and an "online learning certificate" that stated: "Responding to Weather Emergencies and Natural Hazards - Brookfield, Wisconsin" dated . Staff B's file contained a certificate that stated "estimated 60 minute online course" dated . Staff C's file contained a certificate that stated "Major Adverse Incidents and Emergency Procedures: estimated 50 minute online course" dated & signed by LPN/HWD as instructor.

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The missing documentation was discussed with the Interim Administrator on at 3:30pm.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff (1 of 3 reviewed) who have regular contact with or provide direct care to residents with 's and Related obtain 4 hours of initial training within 3 months of employment (ADRD Level I Training) and an additional 4 hours of training within 9 months of employment (ADRD Level II Training).

Findings included:

Per employee record review and staff interviews conducted at the facility on , Staff A was hired as an LPN on to provide direct care services to facility residents including residents with and Related in the facility's secured Memory Care Unit.

Per record review, Staff A's file contained a certificate for an online Brookdale course dated : "What is ?" (18 minutes) and "Understanding " (37 minutes & 80 minutes) and "Behavioral Expressions" (36 minutes). Staff A's file also contained a certificate dated for online Learning: "ALZH108-Helping Families Cope, Brookfield, Wisconsin online learning -credit hours: 0." Staff A did not complete ADRD Level I & Level II Training as required.

The lack of appropriate training was discussed with the Interim Administrator on beginning at 3:30pm.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record reviews and interviews, the facility failed to ensure that all direct care staff (3 of 3 reviewed in facility with in-house census of 84 residents) receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Per employee record review and staff interviews conducted at the facility on , Staff A was hired on as an LPN; Staff B was hired on as a Resident Aide; Staff C was hired on as a Resident Aide/Med Tech. All 3 employees reviewed provide direct resident care services.

Per employee record review, there were no certificates in Staff A, B, & C employee records evidencing training in the facility's policies and procedures. Staff A's file contained a certificate that stated "estimated 40 minute online course: & First Aid" dated . Staff B's file contained a certificate that stated "estimated 40 minute online course: & First Aid" dated . Staff C's file contained a certificate that stated "estimated 40 minute online course: & First Aid" dated .

Lack of training in the facility's policies and procedures regarding was discussed with the Interim Administrator on beginning at 3:30pm.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to ensure their emergency management plan was submitted for review and approval to the local emergency management agency annually as necessary for compliance.

Findings included:

A review of facility records, specifically the emergency management plan, was conducted. It revealed the Emergency management plan was last reviewed and approved dated , 2015.

On , , 2017 at 11:35 am an interview was conducted with the interim administrator. They stated the emergency management plan had in fact not been submitted for approval since , 2015.

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Class III