STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964515	**05/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ORMOND BEACH WEST	**240 INTERCHANGE BLVD** **ORMOND BEACH, FL 32174**

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

0000 - Initial Comments

On , 2017, a biennial relicensure survey was conducted at Brookdale Ormond Beach West Assisted Living Facility (License # 9064). Deficient practice was identified during the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and staff interview, the facility failed to conduct and document elopement drills for residents and staff as pursuant to Sections 429.41(1)(a)3. and 429.41(1)(A), F.S. affecting all 41 residents currently living at the facility.

The findings include:

A review of the facility elopement drill log revealed the facility conducted monthly elopement drills but not all staff were listed as being in attendance.

An interview with the Employee M, Maintenance Director on at 1:15 PM confirmed he did not know the facility need to perform elopement drills for all staff twice a year and it was not done.

CLASS III