

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965677	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 20TH STREET VERO BEACH, FL 32960	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on _____ at Brookdale Vero Beach, License #10057. The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and staff interview, the facility failed to:

- 1) Post telephone numbers to required agencies for lodging complaints in full view in common areas accessible to all residents, close to proximity to a telephone accessible by residents, in a minimum 14-point font.
- 2) Provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S...at a minimum, a readily accessible telephone on each floor where residents reside.

The findings included:

- 1) During tour of the facility on _____, no postings of the required telephone number for lodging complaints against a facility or staff were found posted in full view in a common area accessible to all residents.

These numbers are:

Long-Term Care Ombudsman Program - 1(888) 831-0404
, Rights Florida - 1(800) 342-0823

The Agency Consumer Hotline - 1(888) 419-3456

The Florida Hotline -1(800) 96- _____ or 1(800) 962-2873

The telephone numbers are to be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font.

- 2) Also during tour conducted on _____, it was noted the facility contained 3 floors on which residents reside. However, there was only 1 telephone accessible to residents in an area that provided unrestricted and private communication. This telephone was located on the first floor in the Discovery _____, adjacent to main lobby/living _____ next to Dining _____. There were no telephones found on Floors 2 and 3 which were accessible to residents who did not have their own private telephones/cell phones.

During interview conducted with the Executive Director (ED) on _____ at 1:15 PM, he acknowledged the required agency numbers were not posted in a common area accessible to all residents in close proximity of an accessible telephone, nor were there private, accessible telephones available to

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965677	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 20TH STREET VERO BEACH, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
residents residing on the 2nd and 3rd floor of the facility. The ED stated he had been unaware a telephone for private resident use had to be provided on each floor. Class 0082 - Training - / - 58A-5.0191(3) FAC Based on interview and record review, it was determined the facility failed to maintain training documentation in the subject of / , for 3 of 3 sampled staff (Staff A, Staff B, and Staff C). The findings included: During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:25 PM, she was provided the opportunity to locate training documentation in the subject of / for the following staff members: 1) Staff A: date of hire noted as 2) Staff B: date of hire noted as 3) Staff C: date of hire noted as The BOM acknowledged that training certificates are not on file for the above noted staff members in the subject of / . Class III 0083 - Training - First Aid and - 58A-5.0191(4) FAC Based on interview and record review, it was determined the facility failed to ensure a staff member who has completed a course in First Aid and holds a currently valid card documenting completion of such course must be in the facility at all time. Specifically, related to the 11:00 PM - 7:00 AM shift, for 2 of 2 sampled staff that work this shift (Staff C and Staff E). The findings included: During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 1:00 PM; she was provided the opportunity to locate First Aid training documentation (a valid card documenting completion of such course) for the only 2 care staff scheduled for the following dates: ; and . The facility was determined to fail to		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965677	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 20TH STREET VERO BEACH, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
provide staff that holds a currently valid care documenting completion of First Aid on the 11:00 PM - 7:00 AM shift for 4 days in the month of , 2017 for Staff C (date of hire noted as) and Staff E (date of hire noted as). Class III 0090 - Training - - 58A-5.0191(11) FAC Based on interview and record review, it was determined the facility failed to ensure that direct care staff had received at least one hour of training in the facility's policy and procedures regarding (Do No Orders) within 30 days after employment, for 3 of 3 sampled direct care staff (Staff A, Staff B, and Staff C). The findings included: During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:25 PM, she was provided the opportunity to locate training documentation in the subject of within 30 days after employment for the following staff members: 1) Staff A: date of hire noted as ; the BOM acknowledged that this staff member did not have a training certificate for located in her personnel file 2) Staff B: date of hire noted as ; the BOM acknowledged that the training certificate for , dated , only indicated 40 minutes of training and it did not include the trainer's name or credentials 3) Staff C: date of hire noted as ; the BOM acknowledged that the training certificate for , dated , only indicated 40 minutes of training and it did not include the trainer's name or credentials Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on interview and record review, it was determined the facility failed to maintain certificates, or copies of certificates of any training required by this rule in the facility's personnel files and that each certificate contained the required components as stated in this rule, for 3 of 3 sampled direct care staff (Staff A, Staff B, and Staff C).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965677	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 20TH STREET VERO BEACH, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The findings included: During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:25 PM, she was provided the opportunity to locate training documentation as follows for the direct care staff noted below: 1) Staff A: date of hire noted as ; Elopement Response training; Emergency Preparedness & Evacuation training; Incident Reporting training; Resident Rights training; Recognizing/Reporting , Neglect, and training; and Nutritional & Safe Food Handling training certificates could not be located for this staff member as acknowledged by the BOM 2) Staff B: date of hire noted as ; Emergency Preparedness & Evacuation training and Resident Rights training certificates could not be located for this staff member as acknowledged by the BOM; Control training; Incident Reporting training, Recognizing/Reporting , Neglect, and training; and Nutritional & Safe Food Handling training certificates were located. However, the BOM acknowledged these certificates did not contain the instructor's name or credentials 3) Staff C: date of hire noted as ; Elopement Response training; Emergency Preparedness & Evacuation training; Incident Reporting training; Resident Rights training; Recognizing/Reporting , Neglect, and training; and Nutritional & Safe Food Handling training certificates could not be located for this staff member as acknowledged by the BOM; Control training certificate was located. However, the BOM acknowledged this certificate did not contain the instructor's name or credentials The BOM stated that it is not the practice of this facility to print training certificates as they rely on a training transcript format, only. She stated she was not aware of the requirement to maintain training certificate documentation or that there is specific information that needs to be contained on the training certificate such as the instructor's name and credentials. Class III		