STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (BGS Clearinghouse), within 10 business days of initial employment, for two (Staff A, and Staff C) of four employees sampled.

Findings included:

A review of employee records conducted on showed that Staff A was hired on 11/ and Staff C had a date of hire of . A review of Staff A's and Staff C's records showed that they provided direct care to the facility's residents.

A review of the employee roster in the BGS Clearinghouse showed that Staff A and Staff C were not entered.

An interview was conducted with the Administrator at 4:00 PM on concerning Staff A and Staff C not being listed in the employee roster in the BGS Clearinghouse. The Administrator acknowledged that Staff A and Staff C were not entered.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure a 5-year level 2 Background Rescreening under Chapter 435 F.S. for three employees (Staff G, H, and I) of three sampled employees who are overdue for rescreening as a condition of continuing employment.

Findings included:

A focused employee record review conducted on for Staff G, hire date , revealed that the last Background Screening (BGS) eligibility was on (photographic evidence obtained). Staff G has a job title of Med Tech and was observed during the survey passing medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

SUMMARY STATEMENT OF DEFICIENCIES
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A focused employee record review conducted on [redacted] for Staff H, hire date [redacted], revealed that the last BGS eligibility was on [redacted] (photographic evidence obtained). Staff H has a job title of dietary staff. Staff H was on the current schedule but not on duty during the survey.

A focused employee record review conducted on [redacted] for Staff I, hire date [redacted], revealed that the last BGS Screening eligibility was on [redacted] (photographic evidence obtained). Staff I has a job title as reception. Staff I was on the current schedule but not on duty during the survey.

An interview conducted on [redacted] at 01:00pm confirmed the expired BGS eligibilities, as the Administrator was unable to produce current BGS for Staff G, H, and I. The Administrator stated that they were unaware of the expired BGS eligibilities. Staff G was sent home and Staff G, H, and I were removed from the work schedule until new BGS could be obtained.

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Brookdale Beckett Lake. Deficient practice was identified during the survey.

(License #10143)

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

Based on record review and interview, the facility failed to:

1. Ensure that an 'Agency for Health Care Administration Resident Health Assessment for Assisted Living Facilities - Form 1823' (1823) was obtained after a change in condition that required additional service by a third party provider and that the form was complete and accurate for two Residents (#11 and #12) out of three sampled Residents; and,
2. Ensure an interdisciplinary care plan specifying the care and services provided by hospice and those services provided by the facility and agreed upon by Hospice, the facility, and the Resident or Resident's representative was developed and implemented for two Hospice Residents (#11 and #13) of two sampled Residents.

Findings included:

1. A focused record review conducted on for Hospice Resident #11, revealed that the resident was admitted to Hospice upon return from the hospital on at 10:15am and no new 1823 was obtained for this significant condition change. The previous 1823 was dated .

A record review conducted on for Home Health Care Resident #12, revealed three incomplete 1823s. The 1823 dated was missing the following information: , height, and weight. The 1823 dated was missing the following information: , height, weight, med list, contact, and examiner address and phone number. The 1823 dated was missing the following information: date of birth, elopement risk assessment, med list, and examiner address and phone number.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	05/24/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

2. A focused record review conducted on . . . . . for Hospice Resident #11, revealed that there was a general Hospice care plan related to diagnosis and . Resident #11's record did not contain an interdisciplinary care plan, which specifies care and services provided by hospice and the care and services provided by the facility and agreed upon by Hospice, the facility, and the resident or resident's representative.

A record review conducted on . . . . . for Hospice Resident #13, revealed that there was a general Hospice care plan related to diagnosis and . Resident #13's record did not contain an interdisciplinary care plan, which specifies care and services provided by hospice and the care and services provided by the facility and agreed upon by Hospice, the facility, and the resident or resident's representative.

An interview conducted on . . . . . at 01:40pm Staff D confirmed and acknowledged that an 1823 was not obtained after Resident 11 had a significant condition change on . Staff D also confirmed and acknowledged the three incomplete 1823s for Resident #12. Staff D stated that I have only been here (referring to employment) for less than six weeks. At 01:45 pm Staff D confirmed there were no interdisciplinary care plans developed and implemented for Residents # 11 and #13 as Staff D stated that this is all that Hospice provides.

Class III

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

Based on observation, interview, and record review, the facility failed to honor resident rights and ensure a safe, hazard free living environment; and, treat residents with consideration and need for privacy.

Findings included:

A second floor tour conducted on . . . . . at 09:38am discovered medications (meds) and a med reorder label (photographic evidence obtained) on top of med cart exposing medical information for Residents #15 and #17. The med cart was unattended until Staff G arrived at med cart at 09:43am.

A medication pass observation conducted on . . . . . discovered that Staff G, a Med Tech: At 11:15am did not wash or sanitize hands before and after administering ˘ 0.15% , (eye) gel to Resident #15, post-surgery right eye. Staff G used contaminated gloves pulled out of their pants

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

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

pocket during the procedure. Staff G placed the contaminated eye drop bottle in the med cart.

At 11:25am did not wash or sanitize hands before and after assisting Resident #14 with oral medication.

At 11:30am did not wash or sanitize hands after administering 5% , solution to Resident #15, post-surgery right eye. Staff G used contaminated gloves pulled out of their pants pocket during the procedure. Staff G placed the contaminated eye drop bottle in the med cart.

At 11:45am did not was or sanitize hands before and after administering , , , ointment to Resident #15, post-surgical right eye. Staff G used contaminated gloves pulled out of their pants pocket during the procedure. Staff G placed the contaminated eye drop bottle in the med cart.

A review of the facility Hand Washing and Med Administration/assistance Policy and Procedures (photographic evidence obtained) conducted on , revealed that:
Hand washing should take place before and after handling medications and contact with resident's secretions, , , and excretions in accordance with Centers for Control guidelines; confidentiality shall be protected when in public areas, and gloves should be worn when administering eye/ear drops, or any other med in contact with bodily fluids.

An interview was conducted on at 02:45 PM with Staff F who stated that hand washing should be performed before and after assisting with eye drops and gloves should be worn during procedure. When asked if it is appropriate for the Med Tech to use gloves that have been in their pants pocket, Staff F responded, "No, gloves should be taken from the box they come in and immediately used. Pants pockets are dirty."

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review, the facility failed to ensure that unlicensed staff were properly assisting residents with self-administration of medication in accordance with Florida Statute 429.256 for one resident (#15) of four sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BECKETT LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2155 MONTCLAIR ROAD** **CLEARWATER, FL 33763**	

SUMMARY STATEMENT OF DEFICIENCIES
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During a medication observation conducted on , Staff G, an unlicensed person who assists with self-administration of medications (Med Tech) was observed administering eye drops to Resident #15 on three separate observations. At 11:15am, Staff G was observed administering , Gel 0.15% when Resident #15 held right eye-lid open while Staff G instilled eye gel into right eye. At 11:30am, Staff G was observed administering 5%, , solution when Resident #15 held right eye-lid open while Staff G instilled a drop of eye solution into right eye. At 11:45am, Staff G was observed administering , , , Ointment as Staff held Resident 15's right eye-lid open and proceeded to instill a ribbon of ointment into right eye. Staff G stated that the resident just had right eye surgery Monday but is unable to get the eye drops into their eye, so I assister them with that.

An interview conducted on at 02:45pm confirmed that Staff G improperly assisted Resident #15 with eye medication and actually administered the medication as the District Clinical Director stated that proper assistance with eye medication is to hand the eye drop bottle to the resident. If the resident is having a difficult time getting eye medication to eye then the Med Tech may move the resident's hands into proper position in a hand over hand movement and the resident squeezes the medication into own eye.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medications (meds) in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

An observation conducted during a second floor facility tour on at 09:38 arrived at a locked med cart with no staff in attendance and meds were on top of med cart (photographic evidence obtained). The meds stayed unattended by staff until Staff G, a Med Tech, arrived at the med cart at 09:43am (five minutes later). The smaller bottle of meds contained Resident #15's , eye drops. The larger bottle contained two bottles of eye drops (and) for Resident #15. Staff G stated that meds are usually not left unattended but "I just threw them on top to assist another resident really quick."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	05/24/2017
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SUMMARY STATEMENT OF DEFICIENCIES
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An interview conducted on at 09:55am confirmed that meds are to be locked up in the med cart as Staff E stated that meds are not supposed to be left unattended and should be locked up in the med cart.

Class III

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

Based on record review and interview, two of four sampled staff (C; D) had no written statement from a health care provider attesting to their freedom from signs and symptoms of communicable in addition to ( ).

Findings included:

A personnel file review during the survey revealed that although Staff C and D (hired and , respectively) had current evaluations, further review of their records found no general assessments from a health care provider regarding their freedom from other communicable . Interview with facility administration at 2:40pm on provided no clarification for this discrepancy.

Class III

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

Based on record review and interview, one of four staff sampled (D) had not received all required training within 30 days of employment.

Findings included:

A review of personnel files during the inspection indicated that Staff D, hired , had no documentation verifying that the facility had provided this employee with the 1-hour training in the facility's elopement policies and procedures. Interview with the administrator at 1:45pm on provided no explanation for this omission.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965814	**05/24/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to provide proof that unlicensed persons that provide assistance with self-administered medications have successfully completed the initial four hour training (Med Tech Training) for one (Staff A) of four employee records sampled.

Findings included:

A review of employee records was conducted on . A review of Staff A's record showed a date of hire of . A review of a listing of staff showed that Staff A was listed as "Med Aide/Tech". An interview was conducted with Staff D at 1:15 PM on who confirmed that Staff A assisted the facility's residents with self-administration of medications.

A review of Staff A's employee records showed no proof of Med Tech Training.

An interview was conducted with the Business Office Coordinator at 4:10 PM on concerning the lack of proof of Med Tech Training in Staff A's employee record. The Business Office Coordinator reviewed Staff A's record and stated that they did not see proof of Med Tech Training.

Class III