

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964062	(X3) DATE SURVEY COMPLETED 06/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 410 4TH COURT VERO BEACH, FL 32962	

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

0000 - Initial Comments

An unannounced Re-Licensure survey was conducted on _____, 2017 at Brookdale Vero Beach South (License #8798). The facility had deficiencies identified at the time of the survey.

The Limited Nursing Services (LNS) portion of the Re-Licensure survey was conducted on a separate date. Please refer to the report for the findings.

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

Based on record review and interview, it was determined the facility failed to have a face-to-face medical examination and completion of a new health assessment (ACHA Form 1823) by a health care provider after a significant change, for 1 out of 2 sampled residents whose records were reviewed (Resident #8).

The findings included:

Record review for Resident #8, a completed Health Assessment (AHCA Form 1823), dated _____, was reviewed. The current Health Assessment did not contain any information related to the Resident #8's _____ pressure _____, as documented in the Resident Log on _____, _____, _____, and _____. The latest Health Assessment indicated the resident had "no pressure _____."

During an interview with the Administrator on _____ at 11:00 AM, she acknowledged the resident had a current _____ pressure _____ with a date of onset _____. The Administrator confirmed Resident #8's latest Health Assessment did not accurately reflect the resident's current health status, and a new Form 1823 should have been completed due to a significant change when the resident acquired a _____ pressure _____.

Class III

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

Based on review of facility staff schedule, Background Screening Clearinghouse review, and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility (Staff B).

The findings included:

On _____ at 9:13 AM, a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, a current employee (Staff B) was not listed

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on the roster. Review of the facility's staffing schedule revealed Staff B is a current employee at the facility. Staff B was also present and working at the facility on ... at 9:00 AM. During interview with the Administrator on ... at 11:00 AM, she confirmed she had not completed the Clearinghouse Employee Roster with the addition of Staff B as of the date of this survey. Unclassified		