STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	07/13/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MARGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 LAKESIDE DRIVE NORTH** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on and at Brookdale Margate (License #7694). There were deficiencies during 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 interview, the facility failed to ensure Residents Rights by securing residents records in a private and confidential manner.

The findings included:

During observation on at 10:30am of the first floor nurses' station located on the south wing, there was no staff and the door was unlocked. The numerous resident records were observed in the closets that was noted unlocked, some of the doors were ajar, and the records were visible. In addition, a 3-drawer file cabinet located in the hallway next to the nurse's station contained resident records receiving hospice services through Vitas were also unlocked and unsecured. A violation of the privacy of resident records were noted. This area was accessible to any person in the area.

During an interview with the Administrator on at 10:50am, she stated that there should always be someone at the nurse's station and if not, the door should be locked. The Administrator went to the first floor nurses station on the south side and confirmed that it was unlocked.

Class III

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

Based on interview and record review of employee records, it was determined the facility failed to ensure that each staff member within 30 days after beginning employment, must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 3 of 5 sampled staff records (Administrator; Staff B; and Staff D)

The Findings Included:

During personnel record review and interview conducted with the Administrator on beginning at approximately 11:00 AM, and was provided the opportunity to locate documentation from a health care provider for the following staff members that indicated these individuals do not have signs or symptoms

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of communicable :

1) Administrator with a date of hire noted as
2) Staff B with a date of hire noted as
3) Staff D with a date of hire noted as

It was determined that the Administrator had left the facility in an effort to obtain his test completed. The Administrator returned later and submitted a test was conducted on . However, there was no documentation for 2016 in his record.
The Administrator acknowledged that Staff B; Staff D; and himself, do not currently have documentation from a health care provider that they do not have signs or symptoms of communicable .

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 5 sampled direct care staff (Staff B) received the required in-service trainings within 30 days of hire.

The findings include:

On , during employee record reviews for Staff B (hire), there was no documentation contained within this employee files, or provided by administration, showing completion of the following regulatory required in-service training completed within 30 days of employment:

Training: Recognizing and Reporting Resident , Neglect, and/or ,

During interview conducted with the Administrator on at 3:00 PM, he acknowledged the absence of documentation for Staff B's required staff trainings in Recognizing and Reporting Resident , Neglect, and/or , .

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 5 sampled direct care staff (Staff B) received the required one hour in-service training in the facility's policies and

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SUMMARY STATEMENT OF DEFICIENCIES
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procedures regarding ( ) within 30 days of hire.

The findings include:

On , during employee record reviews for Staff B (hire date of) there was no documentation contained within this employee files, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's policy on , which is to be completed within 30 days of employment:

During interview conducted with the Administrator on at 3:00 PM, he acknowledged the absence of documentation for Staff B's required staff training; ( ).

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a safe and sanitary environment for 1 of 3 floors observed in the facility. Specifically on the second floor South Unit of the facility.

The findings included:

On at 10:30 PM, a tour of the Second floor of the South Wing was conducted. The following issues issues were observed:

1. Peeling paint and black scuff marks noted on 4 wall corners in the hallway.
2. A Frisbee size yellow stain in the main hallway of the red and beige carpet.
3. Several dents were seen on the front door of .

On at 3:00 PM, the facility Administrator acknowledged the findings.

Class III

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for 14 out of 126 current staff members; Staff A,C,E,F,G,H,I,J,K,L,M,N,O,P

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on , 2017 at 9:30am compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 14 current staff members were not registered.

During an interview with the Administrator and the Business Office Manager at 10:30am on , it was stated that they were unaware of this Clearinghouse Roster and that it was the facility's responsibility to maintain it in addition to providing an end date for employees who are no longer employed at the facility.

The following 14 Staff Members currently employed are Not Registered on the Employee Roster Clearinghouse Background Screening included:

1-Staff A hire date of
2-Staff C hire date of
3-Staff E hire date of
4-Staff F hire date of 11/
5-Staff G hire date of
6-Staff H hire date of 11/
7-Staff I hire date of 11/
8-Staff J hire date of
9-Staff K hire date of
10-Staff L hire date of
11-Staff M hire date of
12-Staff N hire date of
13-Staff O hire date of
14-Staff P hire date of 11/

During an interview with the Administrator and the Business Office Manager at 10:30am on , they verified that these 14 staff members are currently employed at the facility. They acknowledged and confirmed the findings.