STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964567	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **13550 SOUTH VILLAGE DRIVE** **TAMPA, FL 33624**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial with limited nursing services survey was conducted at Brookdale Carrollwood Assisted Living Facility on . Brookdale Carrollwood Assisted Living Facility had deficient practice identified at the time of survey.

(License # 9143)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to obtain a complete and updated Resident Health Assessment for Assisted Living Facilities - AHCA Form 1823 (1823) for one Resident (#1) of two sampled Residents.

Findings Included:

A record review on of Resident #1's 1823 dated revealed that, in Section 2-C part 1, "A communicable , which would be transmitted to other residents." Section showed no response, "yes or no" left blank. However in comments section showed "mersa in nares."

An interview on at 12:07 PM wellness director, the wellness director stated Resident #1 no longer has mersa and a updated 1823 health assessment should have been updated to reflect the changes. The wellness director confirmed she believed Resident #1 has been clear from a communicable for a while (unknown time frame).

An interview on at 01:00 PM the administrator and wellness director both reviewed Resident #1 file with surveyor and confirmed finding.

No further documentation provided at this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 1 (Staff D) of 4 records reviewed.

Findings Included:

An employee record review was conducted on . . . . . . It was discovered that the staff D had no documented proof of an annual updated negative examination (exam) in personal files.

An interview with the administrator on 10:00 A.M. confirmed Staff D currently provides daily care and services to residents on a daily basis, however did not have a annual (. . . . . examination) within the past year. The administrator confirmed staff D is on the staffing schedule and provides daily care to residents at the facility.

No further documentation was provided at this time.

Class III

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

Based on interview and record review, the facility failed to ensure that all direct care staff completed one hour of required in-service training within 30 days from the date of hire in the following training areas: Resident Rights, Incident Reporting, Emergency Preparedness and Evacuation, and Activities of Daily Living and Behavior needs, Elopement and Control for one Staff (D) of four sampled Staff.

Findings included:

During an employee record review on , it was discovered that Staff D hired . . . did not have certificates of completion for in-service training in the following training areas: Resident Rights, Incident Reporting, Emergency Preparedness and Evacuation, Activities of Daily Living and Behavior needs, Elopement and Control.

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

In an interview on [redacted] at 11:00 am, the facility administrator confirmed that there were no certificates of completion for the above mentioned in-service training's and stated, " I can not locate them, they are not in the file." The administrator reviewed Staff D file with surveyor and confirmed findings.

Class III