

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911441	(X3) DATE SURVEY COMPLETED 07/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PADDOCK HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 S.E. 24TH ROAD OCALA, FL 34471	

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

0000 - Initial Comments

On 7/27-28, 2017 an unannounced Biennial Licensure Survey was conducted at Brookdale - Paddock Hills (License #7428) Assisted Living Facility, Ocala, FL. Deficient practice was identified at the time of the survey.

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

Based on interview and record review, the assisted living facility failed to obtain a free from communicable statement for 1 of 3 sampled employees (Staff B).

Findings:

A review of personnel records for Staff (B) was conducted on 7/28/2017 at 2:10 PM. The record review revealed the date of hire for Staff B was 11/1/2016.

Further review revealed the facility failed to obtain a free from communicable statement for Staff B.

An interview was conducted with the Business Manager on 7/28/2017 at 2:30 PM. She stated Staff B had transferred from one of their sister facilities in Leesburg and not all the personnel record information had been received from the other facility. She stated she would contact the other facility to obtain the necessary information.

Class III

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

Based on record review and interview, the assisted living facility failed to ensure 1 of 3 sampled employees (Staff B) received all portions of required in-service training within 30 days of employment.

A review of personnel records (Staff B) was conducted on 7/28/2017 at 2:15 PM. The review revealed the Staff B's date of hire was 11/1/2016.

Further review revealed no evidence in the personnel record of Staff B to support Staff B completed the following in-service trainings within 30 days of employment: Emergency Preparedness & Evacuation Training; and Nutritional & Safe Food Handling.

An interview was conducted with the Business Manager on 7/28/2017 at 2:35 PM. She stated Staff B

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911441	(X3) DATE SURVEY COMPLETED 07/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE PADDOCK HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 S.E. 24TH ROAD OCALA, FL 34471	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
had transferred from another sister facility in Leesburg and that some of her training documentation has not been received. She futher stated that the training software program was down or else she could provide proof that Staff B had completed the in-service training in those areas. Class III		