STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

0000 - Initial Comments

Assisted Living Facility

On , , , 2017, a biennial state licensure survey with limited nursing services (LNS) was conducted at Brookdale Oakbridge, Assisted Living Facility. Deficiencies were identified at the time of the visit.

(license # 7902)

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

Based on record review and interview the facility failed to ensure 1 of 3 (A) direct care staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of a communicable .

Findings included:

On a record review was conducted for Staff A, with a hire date of . Staff A's record did not include a written statement from a health care provider documenting that the individual does not have any signs or symptoms of a communicable

On at 2:20 PM an interview was conducted with the Administrator. The Administrator stated Staff A does not have a communicable statement.

Class III

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

Based on record review and interview the facility failed to ensure 3 of 3 (A, B, C) staff who provide direct care to residents received the required in-service trainings in incident reporting, resident rights, and nutrition and safe food handling within 30 days of employment. 1 of 3 (B) staff records did not include the required 3 hour training in activities of daily living and behavioral needs within 30 days of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

Findings included:

On a record review was conducted for Staff A, with a hire date of . Staff A's record did not include documentation of a minimum of a 1 hour in-service training in incident reporting and nutrition and safe food handling.

On a record review was conducted for Staff B, with a hire date of . Staff B's record did not include documentation of a minimum of a 1 hour in-service training in incident reporting, resident rights, and nutrition and safe food handling. The record did not include documentation of at least a minimum of 3 hours of training in activities of daily living and behavioral needs.

On a record review was conducted for Staff C, with a hire date of . Staff C's record did not include documentation of a minimum of a 1 hour in-service training in incident reporting, resident rights, and nutrition and safe food handling.

On at 2:20 PM an interview was conducted with the Administrator. The Administrator stated the staff trainings are done on the computer and sometimes it does not print out a certificate.

Class III

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

Based on record review and interview the facility failed to ensure 2 of 3 (B,C) direct care staff received at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

On a record review was conducted for Staff B, with a hire date of . Staff B's record did not include documentation of at least a one hour training in the facility's policies and procedures regarding .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963946	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OAKBRIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3110 OAKBRIDGE BLVD E.** **LAKELAND, FL 33803**	

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

On a record review was conducted for Staff C, with a hire date of . Staff C's record did not include documentation of at least a one hour training in the facility's policies and procedures regarding .

On at 2:20 PM an interview was conducted with the Administrator. The Administrator stated the staff trainings are done on the computer and sometimes it does not print out a certificate.

Class III