

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965283	(X3) DATE SURVEY COMPLETED 09/21/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 420 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 #9671). The facility had deficiencies identified at the time of the survey.

Note: 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.

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

Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed and accurate for 2 out of 2 sampled residents (Residents #2 and #3).

The findings included:

1. On , the health assessment dated for Resident #2 was reviewed and had the following error identified:

a) "Y" (yes) was marked to indicate the resident required "24 hour nursing or , care". However, the resident did not require 24 hour nursing or , care.

2. On , the health assessment dated for Resident #3 was reviewed and had the following error identified:

a) The resident's diet needs were noted as "Lipid low 2 gram ". The resident was to receive a healthy () diet with no 2 gram salt intake limitation.

These findings were discussed with the Health and Wellness Director on at 2:00 PM. She acknowledged the errors and confirmed that the health assessments needed to be corrected. The facility provided no additional documentation for review at this time.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interviews and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's second Assisted Living Facility (ALF).

The findings included:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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On 2:00 PM, the Administrator stated during interview that she had a CORE trained Manager designated for another ALF she was the Administrator for, but not a separate Manager for this ALF. She stated during interview that she currently has a Manager, but the Manager had not yet passed the CORE exam. The Manager stated during interview at this time that she had not taken the CORE exam as of this date. The facility provided no additional information for review at this time. Class III		