

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963962	(X3) DATE SURVEY COMPLETED 09/05/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE HAVERHILL ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 2939 S. HAVERHILL ROAD WEST PALM BEACH, FL 33415	

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

0000 - Initial Comments

A relicensure survey was conducted on 09-31-2017 at Brookdale Haverhill, License #8091. The facility had deficiencies found at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interviews, the facility placed residents at-risk by failing to ensure 2 of 4 staff (Staff Aand B) had been properly trained in the assistance with self-administration of medication by a registered nurse or pharmacist.

Findings include:

Record review of Staff A and Staff B's employee file was conducted. A review of file revealed no documentation that either Staff or B completed the required 4hours and 2 hours of training in assistance with self-administration of medication.

On 09-28-2017 at 6:15pm, an interview with the Administrator was conducted. The Administrator was asked to provide documentation that Staff A and Staff had the required training conducted by a Registered Nurse or Pharmacist. The Administrator provided the Pharmacist guideline for training. The administrator failed to provide the required documentation.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to ensure that 1 (Staff C) out of 4 sampled staff had an eligible level II background screening on file.

Findings Include:

Staff C's employment record revealed that she was employed on 09-01-2017. A review of Staff C's employment revealed that Staff C's level II background screening came back pending and did not reflect Staff C was eligible.

On 09-28-2017 an interview was conducted with the Administrator. The Administrator reviewed Staff C's employment file agreeing that Staff C did not have an eligible level II background screening on file.

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Unclassified Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS The facility failed to ensure that an updated employee roster was maintained in the clearinghouse. Findings Include: A review of the facility's roster revealed a list of staff members that were no longer employed at the facility. (See Photographic evidence) On 9/5/17 at 6:15pm an interview was conducted with the Administrator. According to the Administrator none of the current staff were enrolled in the background clearing house . Unclassified		