STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965357	**09/28/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTH BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on and at Brookdale North Boynton Beach, License # 9811. The facility had deficiencies at the time of the visit.

A licensure complaint survey (CCR#2017010052) was conducted in conjunction with the Relicensure on the same date. See separate report for findings.

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

Based on record review, observations, and interview the facility failed to ensure the AHCA 1823 Health Assessment form had a date, address, and telephone number of the examining healthcare provider for 1 of 4 sampled residents.

The findings include:

Review of Resident #2's file it was observed on page 4 where the examining health care provider signed at the bottom of the page that they did not include a date, or any contact information such as an address, or a telephone number.

During an interview with the DON at 1:24 PM, it was stated that Resident #2 AHCA 1823 Health Assessment form does not have a date on the line where it states "dated of Examination," and also the provider's contact information is missing. The DON observed the Health Assessment form, then acknowledged the findings, and stated "I will see if I can get her a new one." No additional documentation was provided.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and staff interview the facility failed to post the Resident Bill of Rights in full view and provide residents with access to a telephone to facilitate the resident's right to unrestricted and private communication. The facility also failed to demonstrate that a grievance policy is in place for responding to recommended changes to facility policy and procedures.

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The findings include:

A. During a confidential resident interview on at 11:39 AM concerns were express about grievances and concerns he/she had been having with the facility that has been unaddressed. The resident stated multiple grievances have been filed about the patio area being unclean, filled with cat litter and with the ply sheets all around from the Hurricane and feel as though it is not home like. To date no one has not followed up regarding the grievance(s).

During an observational tour on with Staff M plysheets were observed in multiple areas of the patio and cat litter. Staff M advised residents do not go outside to the patio area.

During an interview with Administrator on at 1:48 PM, it was explained that multiple grievances have been filed, yet the grievance presented upon request contained a grievance log and grievances present for the year of 2013. No other grievance or grievance log could be provided. Staff B/Administrator advised that there have been grievances filed during her tenure as Administrator. Staff B confirmed that the facility does not have a current log with the grievances that have been file and have no record of how they are resolving grievances.

B. During the tour of the facility on , no postings of the required Bill of Rights were found posted in full view in a common area accessible to all residents. Also during the tour conducted on , it was noted of the 4 floors inside of the facility, residents resided on floors 2, 3 or 4. There were no telephones accessible to residents who did not have their own private telephone and cellphones.

During an interview with Administrator on at 10:27 AM she acknowledged the findings and provided no other documentation.

Class

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to ensure all planned menus are conspicuously posted and easily available to 22 out of 22 sampled residents. It was also noted the facility did not have sufficient supplies to be in compliance with their comprehensive emergency management plan (CEMP)

The Findings include:

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A. On at 12:20 PM while observing the residents eat their meals at lunch in the Memory Care Unit, observations revealed that there were no menus or meal times posted anywhere on the walls in the dining , or in any other part of the memory care unit.

During an interview with the Memory Care Manager at 12:45 PM on when asked "where's the menus?" It was stated that Memory Care does not have menus posted because the residents cannot determine what is on the menu and state what they want. A stay member goes around and ask them what they wanted by giving them a list of choices that they can see, and based on that is how we determine what they would like.

While observing lunch on at 12:12 PM, 19 residents were observed sitting at the tables waiting to be served. A cup of soup was served to the residents that stated they wanted soup. At 12:23 PM, the memory care manager came to assist with serving the residents and provided each resident with the following choices: Fried shrimp, or grilled cheese. Both plates of food were presented to each resident, and they were asked which entrée they would like. The resident chooses which plate they would want for lunch.

During an interview with the DON at 1:22 PM on , it was stated that there is no menu posted in Memory Care for the Family to view or for the residents if they choose to have something else other than what is presented to them. The DON acknowledged the findings, no further information was provided.

B. On at 9:30 AM, observations was made with Staff E it was noted that dairy, protein and fruit sources in a non-perishable form was not available for the census of 67 residents.

During an interview on , at 10:00AM, he acknowledged the findings of the lack of non-perishable food items. Staff E advised an order was not yet placed to replenish the food items that were used during the hurricane on , , 2017 but an order would be placed and delivered on Friday. Staff E also confirmed the facility did not have any water supply and was unsure of the water supply that should be ordered. Staff E stated there was several unsuccessful attempts to obtain water from the supplier (U.S Foods) and did not have a plan on how water would be obtained for the residents during the peak of hurricane season. A review of the disaster plan with Staff E states (name of the comany) CANNOT provide water or ice during emergency situations. Staff E confirmed there was no plan in place to be supplied with sufficient water supply for obtaining water during an emergency.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure employees were registered with the clearinghouse, and end dates were updated within 10 days of hire or separation from the facility, for 6 of 6 sampled staff. (Staff F, G, H, I, J, K, L).

The Findings Included:

On at 10:00AM, the Agency for Health Care Administration Clearinghouse Roster was reviewed and compared to the current staffing schedule. The current staffing scheduled revealed the following:

1) Staff F: Care Associate Hire Date:
2) Staff G: Server Hire Date:
3) Staff H: Server Hire Date:

On at 10:10AM, the facility's list of recently terminated / separated staff was reviewed and revealed the following staff end dates were not updated in the clearing house roster:

1) Staff I: Patricia Miller-Hayden Med Tech Hire Date: Termination Date:
2) Staff J: Administrator Hire Date: Termination Date:
3) Staff K: Health and Wellness Director Hire Date: 02/2//2014 Termination Date:
4) Staff L: LPN Hire Date: Termination Date:

Further review revealed the following staff were not registered with the clearinghouse during the time of employment:

1) Staff J: Administrator Hire Date: Termination Date:
2) Staff K: Health and Wellness Director Hire Date: 02/2//2014 Termination Date:
3) Staff L: LPN Hire Date: Termination Date:

During an interview with the Acting Administrator at approximately 11:00AM, she stated the Business Office Manager usually handles the clearinghouse roster and is on indefinite leave. The Director of Financial Services is currently handling duties related to her position.

During an interview with the Executive Director and the Acting Administrator on at 2:10PM, they acknowledged the findings and provided no additional documentation for review.

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Unclassified