

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 11/22/2017
NAME OF PROVIDER OR SUPPLIER BROADVIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 Fleischmann Road TALLAHASSEE, FL 32308	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR 2017012588 & CCR 2017013217 was conducted at Broadview Assisted living Facility (license#9700) in Tallahassee FL on . This survey was conducted in conjunction with an Extended Congregate Care monitoring survey. At the time of the survey, deficient practice was identified.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain the minimum staffing hours per the number of residents of census for the two-week look back period.

The findings were:

On at 9:00am, a review of the last two-week staffing was conducted. During the look back period, the facility was found to be using nursing staff as part of their direct care hours, which resulted in a lower level of care for the residents. Observation of dining revealed there was only one official dining person however; other departments were in the dining to assist.

On at 12:29pm an interview was conducted with resident #2 who stated, "I have pressed my pendant for assistance and had to wait over an hour to get assistance. Sometimes I have even had to call the facility from my cell phone to get in touch with someone to get me some assistance if they do not show up."

On at 1:10pm, an interview was conducted with resident # 5 who stated, "I have to walk the halls and find staff to help other residents who can't move around like I can. There is only one staff in the dining lunch and it takes a while for us to get our food."

On at 9:54am, an interview was conducted with Director of Wellness (DOW). She revealed she was in charge of the staff scheduling. She stated, "I have a nurse counted in the shift and I also stagger some of the workers to make the schedule work because we had to cut staff hours."

On at 1:36pm, an interview was conducted with Executive Director(ED) and she stated, "Our staffing hours were decreased because we were running over hours due to our decreased resident population, the corporate office wanted us to reduce staffing hours to be in line with the resident census. It is the responsibility of the nurse on the floor to assist the resident assistant () with resident care on night shift. The 's are not required to go to a second floor. "

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965291	(X3) DATE SURVEY COMPLETED 11/22/2017
NAME OF PROVIDER OR SUPPLIER BROADVIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 Fleischmann Road TALLAHASSEE, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at 10:36am, an interview was conducted with staff C who stated, "I do not feel there is enough staff on duty to help with the needs of the residents. There is only one staff on duty for each floor on my shift from 10pm-6am and when the other staff need assistance on the other floors I have to leave and go help them, which leaves no staff on my floor." Class III		