

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964615	(X3) DATE SURVEY COMPLETED 12/14/2017
NAME OF PROVIDER OR SUPPLIER THE BROADMOOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 200 DIXIELAND DRIVE FORT PIERCE, FL 34982	

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

0000 - Initial Comments

An unannounced Re-Licensure survey was conducted on 13-14, 2017 at The Broadmoore ALF (License #9190). There were deficiencies identified at the time of the survey.

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

Based on observation, interview, and record review it was determined the facility failed to have a copy of the Residents Bill of Rights posted in full view in a freely accessible resident area; post the mandatory telephone numbers (Long-Term Care Ombudsman Program, Rights Florida, the Agency Consumer Hotline, and the Hotline) in close proximity to a telephone that is accessible by residents (in a minimum of 14-point font); and for facilities with a licensed capacity of 17 or more residents in which the residents do not have private telephones, a readily accessible telephone in each area of the building where residents reside for 3 of 3 separately secured units of the facility (Magnolia Terrace; Rosewood; and Garden Park).

The findings include:

During tour of Magnolia Terrace, conducted on beginning at approximately 9:50 AM, a copy of the Resident's Bill of Rights; the mandatory phone numbers; and an accessible phone with which a private phone call can be made was not located. The LPN acknowledged the only phone on this unit is a facility phone with multiple lines that is mounted on the wall; is a corded phone; and is not accessible to any resident in a wheelchair.

During subsequent interview conducted with the Administrator, on beginning at approximately 10:40 AM, she was asked where a copy of the Resident's Bill of Rights is posted; where all of the mandatory telephone numbers are posted; and how is private unrestricted access to a telephone provided to the residents on all 3 secured units of this facility. The Administrator replied the a copy of the Resident's Bill of Rights and the hotline number was posted in the lobby of the facility. She was asked if all residents of this facility has unrestricted access to the lobby. She acknowledged they do not, as a staff member would have to enter a code on the keypad and accompany the resident to the lobby area. She acknowledged the facility has 3 separately secured units in this facility and that none of them contain a copy of the Resident's Bill of Rights; the mandatory phone numbers; or a resident accessible phone. She stated a resident would have to ask a staff member to provide them with a phone.

During subsequent interview and observation conducted in the Magnolia Terrace unit with the Maintenance Director, on beginning at approximately 11:00 AM, a portable phone was located

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/28/2017
FORM APPROVED

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on a table in a sitting area with the mandatory phone numbers posted nearby (he acknowledged it was installed on). However, this phone did not have a dial tone. Approximately 15 minutes later, the Maintenance Director returned and stated there is a dial tone, now, and that 8 has to be entered prior to dialing out. He was asked if this information was posted or available to the residents, so they would know how to dial out. He acknowledged that it currently was not available. Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was accurate for 3 out of 6 sampled residents (Residents #12, #13 and #16) who required assistance with the self-administration of medication. The findings included: 1. During interview with Staff A on at 9:00 AM, she stated she had completed assisting all residents with their morning medication. At this time, the 2017 MOR for Resident #12 was reviewed. None of the residents 9:00 AM scheduled medications were initiated by Staff A as given. Staff A stated that the resident received her medication, but she had not documented the assistance was provided in her MOR at that time. She proceeded to correct this error. The following medications were then documented as given: a. Dorzol/Timol eye drops - b. - c. - d. e. C f. Spray (nasal) - g. - h. i. MAPAP 2. On at 9:00 AM, the 2017 MOR for Resident #13 was reviewed. The following medication was pre-signed on the MOR: a.5 mg, one capsule every other day-pre-signed as given for the 9:00 AM dose on		

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3. On _____ at 9:00 AM, the _____ 2017 MOR for Resident #16 was reviewed. The following medication was not signed as given on the MOR: a. _____ 20 mg, 1 tablet four times daily-not signed as given for the 5:00 PM dose on _____ The Administrator was notified of these findings during interview on _____ at 12:00 PM. The facility provided no additional documentation for review at this time. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interviews, the facility failed to ensure a substitute of equal nutritional value was served for a menu item. The findings included: On _____ at 9:00 AM, the breakfast served to the residents in the Garden Park section of the facility consisted of the following menu items: a. Biscuits and Sausage Gravy b. Scrambled Eggs At this time, the chalk board was observed and had the aforementioned items listed for the residents' breakfast on this day. However, review of the approved dietician's menu showed the residents were to be served the following items: a. Biscuits and Sausage Gravy b. Boiled Egg c. Fruit Cup During interview with the Food Service Director and the Dining Services staff member on _____ at 10:00 AM, they acknowledged that the fruit cup should have been served to all residents at the facility. The staff member stated "I forgot". These findings were discussed with the Administrator on _____ at 12:00 PM. The facility provided no		

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additional information for review at this time. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on interview and record review it was determined the facility failed to ensure that all persons subject to screening was registered with the clearinghouse and that their employment status was maintained within the clearinghouse within 10 business days of initial employment or change in employment status for 1 of 4 sampled staff (Staff C). The findings include: During interview and personnel record review conducted with the Administrator, on beginning at approximately 12:10 PM, she was provided the opportunity to locate Staff C (date of hire noted as) on the clearinghouse roster. The Administrator acknowledged Staff C was not listed on the clearinghouse roster that this surveyor had printed on The Administrator was then provided the opportunity to review the facility's online version of the clearinghouse roster. The Administrator acknowledged Staff C was not noted on this version either. Unclassified		