STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964642	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLUB HOUSE DRIVE** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

An abbreviated assisted living facility re-licensure survey was conducted on .

Brookdale Palm Coast had licensure deficiencies at the time of the survey.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on review of employee records and staff interviews the facility to ensure a staff member held a currently valid card documenting completion of course was in the facility at all times for 2 of 3 sampled employees. (Employee B, D).

The findings include:

1. Review of the record for Employee B (medication technician) revealed the certification card for -, , rescustation ( ) expired on . Review of the staffing schedule indicated Emp B worked the 11-7 shift.

2. Review of the record for Employee D (medication technician) revealed the certification card for expired on . The schedule indicated Employee D worked the night shift.

An interview was conducted with the Business Office Manager (BOM) on at 12:20pm. She confirmed both Employee B and D had expired cards. She stated class was scheduled at the facility for staff on but had to be canceled due to illness at the facility. When asked if the class had been re-scheduled, she stated "yes" for .

Review of the , 2018 staffing schedule revealed there was no 11-7 staff with current certification on , and .

An interview was conducted with the Administrator on at 1:38pm. When asked how many staff were on duty on 11-7 shift, she stated there were always two Resident care aide/medication technicians. She was asked if she was aware that 2 of 3 night shift staff had expired . She said she was aware and had scheduled class in , however was canceled due to illness in the facility.

Class III

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