STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964062	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VERO BEACH SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **410 4TH COURT** **VERO BEACH, FL 32962**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017011672, was conducted on , 2018 at Brookdale Vero Beach South (410 address), License #9671. The facility had deficiencies identified at the time of the investigation.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to ensure one and fifteen day Adverse Incident Reports were completed for 1 out of 3 sampled residents (Resident #1).

The findings included:

Resident #1's emergency -ray results dated documents that the resident had sustained a "displaced radial metaphysis " of the left wrist. The hospital physician noted the resident "presented after patient had a at ALF. It resulted in left radial ".

During interview with the Administrator on at 1:30 PM, she stated an Adverse Incident Report (one or fifteen day) had not been completed for the resident's wrist because the facility was initially unaware of the . Instead, an internal incident report, "FL PAL Incident Report", was completed and dated with the Administrator's approval dated . The facility's incident report did not document a thorough investigation of the unwitnessed to determine whether or not it was adverse, including documented interviews with staff and the resident, a description of the injury diagnosed at the hospital, and a possible cause of the injury with interventions to prevent reoccurrence.

The facility failed to file an Adverse Incident Report (one and 15 day) with the Agency for the sustained from an unwitnessed . The facility provided no additional documentation for review at this time.

Class III

0166 - Risk Mgmt & QA; Liability Claim Report - 429.23(5) FS; 58A-5.0242 FAC

Based on record review and interviews, the facility failed to ensure a monthly liability claim report was submitted to the Agency for 1 out of 1 sampled resident (Resident #3).

The findings included:

On at 12:00 PM, the Administrator confirmed that the facility had a liabiltiy claim filed against

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them related to resident care for Resident #3. She stated that the facility had not filed a monthly liability claims report with the Agency as required.

Review of Resident #3's record showed the Administrator was notified of the liability claim on 11/ . The facility provided no additional documentation for review at this time.

Class