STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	**01/08/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

Complaint investigation #2017013206 was conducted on . Brookdale Tuskawilla, license #8985, had deficiencies at the time of the investigation.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to obtain an updated Health Assessment (1823) for 1 of 4 sampled residents following a significant change in condition (#2).

Findings:

Record review for Resident #2 revealed she was admitted to the facility on . The Health Assessment in the record was dated and included diagnoses of parkinson's, and . Further review of the record revelaed she was admitted to Hospice care on . The record contained the hospice Integrated Plan of Care dated . There was no updated Health Assessment found in the record.

In an interview with the Health & Wellness Director on at 1:30 PM, she confirmed they had not received or requested an updated 1823 for Resident #2.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to obtain an annual statement from a licensed health care provider documenting freedom from communicable and ( ) for 3 of 6 sampled staff (C, E, F).

Findings:

1. Personnel Record review for Staff C hired on revealed the last documentation to confirm she was free from was dated . There was no documentation that she obtained a statement from her health care provider documenting freedom from in 2017 (due).

2. Personnel Record review for Staff E hired on revealed the last documentation to confirm she was free from was dated . There was no documentation that she obtained a statement from her health care provider documenting freedom from in 2017 (due).

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3. Personnel Record review for Staff F hired in 2017 did not reveal any documentation to confirm she was free from communicable or since being hired at this facility.

On at 2:30 PM, the administrator confirmed the findings.

Class

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview, the facility failed to ensure direct care staff had a minimum of 1-hour in staff in-service training within 30 days of employment for 1 of 6 sampled staff (F).

Findings:

Review of the personnel record for Staff F, an LPN hired in 2017 as the Health and Wellness Director, did not reveal any certificates documenting in-service training in the following subjects: 1) the facility's elopement policy and response, 2) facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 3) incident reporting, 4) resident rights, 5) recognizing and reporting , neglect and , or 6) safe food handling.

In an interview on at 3:00 PM with Staff F and the administrator, they confirmed the certificates were not available for review.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to have evidence that 2 of 4 sampled unlicensed staff (C & E), who provided assistance with the resident's medications, received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Review of the MOR for 2017 revealed medications were signed as being given by Staff C & E.

1. Review of the personnel record for Staff C, hired , revealed a certificate for an 2 hour update

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for Assisting with Self -Administration of Medications dated . No certificate for the initial 4 hour training was found.

2. Review of the personnel record for Staff E, hired , revealed a certificate for an 2 hour update for Assisting with Self -Administration of Medications dated . No certificate for the initial 4 hour training was found.

In an interview with the Health & Wellness Director on at 2:30PM she confirmed the certificates were not in the record.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure 3 of 6 sampled staff (C, E & F) who provide direct care to residents received the required 's and Related (ADRD) Training.

Findings:

1. Personnel Record review for Staff C hired in , revealed a certificate for a 4 hour ADRD update training dated . The record did not contain any certificates for Level and Level II ADRD training or I.

2. Personnel Record review for Staff E hired in , revealed a certificate for a 4 hour ADRD update training dated . The record did not contain any certificates for Level I and Level II ADRD training.

3. Personnel Record review for Staff F hired in 2017 did not reveal any certificate for Level I training, which is required within 3 months of hire.

In an interview with the administrator on at 2:30 PM, she confirmed that she did not have the required documentation.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 in 6 staff (F) reviewed received 1 hour of training regarding the facility's policies and procedures for

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( ) within 30 days of hiring.

Findings:

Review of the personnel record for Staff F, an LPN hired in 2017 as the Health and Wellness Director, did not reveal any certificates documenting the facility's policies regarding .

In an interview on at 3:00 PM with Staff F and the administrator, they confirmed the no certificate was available for review.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, facility record review and interview, the facility failed to have documentation of a current fire inspection available for review.

Findings:

During the tour of the facility, no current fire inspection was observed.

When a copy of the current fire inspection was requested on at 10:30 AM, staff J, maintenance director stated, "the fire inspector will be out today or tomorrow to conduct the inspection." Staff J said he did not have access to any prior inspections. He had a preliminary inspection checklist from 2017, but no evidence that the inspection was ever completed. He said the inspector was supposed to come back, but he was out that day.

In an interview with the administrator on at11:00 AM, she confirmed the finding.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to maintain the minimum required documents in the staff records for 2 of 6 sampled staff (#A & #F).

Findings:

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Review of the personnel record for Staff A, the administrator, hired on , did not reveal a job description for the position of administrator.

Review of the personnel record for Staff F, hired in 2017, did not reveal a copy of the job description for her current position of Health and Wellness Director at this facility. There was a job description from a former position in another facility with the same job title.

In an interview with the administrator on at 2:15 PM, she confirmed the above findings.

Class

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

Based on the Agency Clearinghouse Website Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 7 of 9 sampled staff employees (A, B, D, F, G, H & I))

Findings:

Review of the Agency's Background Screening website for 9 sampled staff revealed the following staff were not on the clearinghouse roster for the facility. Staff A (administrator) date of hire , Staff B (Med Tech) date of hire 2017, Staff D (resident care assistant) date of hire , resident #F (licensed practical nurse) date of hire 2017 and staff G Licensed practical nurse) date of hire . In addition, Staff H and Staff I staff no longer worked at the facility. However, they were both listed as current employees on the Clearinghouse roster.

In an interview with the administrator on at 3:00 PM, she confirmed the findings.

Unclassified