STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	02/01/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 GREENBORO DRIVE MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A complaint investigation #2017013561 was conducted on , 2018. Brookdale West Melbourne, license #8834, had deficiencies at the time of the investigation.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interview, the facility admitted a resident (#2) who exceeded the admission criteria.

Findings:

Review of the facility's posted license revealed the facility held a standard license with Limited Nursing Services (LNS.)

During an interview with the resident care coordinator on at 9:27 am, he identified resident #2 and said the resident received LNS for a Endoscopic ( ) tube, which was a service that could be provided only with an Extended Congregate Care (ECC) license.

Review of the record for resident #2 revealed he was admitted to the facility on with a diagnoses of Accident ( ) , and of the .

In addition, he had diagnoses of with a tube, which exceeded the admission criteria to the facility.

On at 11:39 am, the executive director confirmed that resident #2 was admitted to the facility with a tube.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interviews, the facility failed to ensure the health assessment form 1823 was complete and accurate for 1 of 3 sampled residents (#1).

Findings:

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	AL11964072	02/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	**7300 GREENBORO DRIVE MELBOURNE, FL 32904**

SUMMARY STATEMENT OF DEFICIENCIES
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Review of the record for resident #1 revealed he was admitted to the facility on .

His admission health assessment form 1823, dated on , indicated that he required total assistance with ambulation, bathing, dressing, , , toileting, and transfers.

A hospice nursing note, dated on , indicated that he required assistance with bathing, dressing, toileting, and he ambulated with a walker.

A facility admission note, dated on , indicated that he ambulated with a walker and was independent with toileting.

A hospice nursing note, dated on , indicated that he required assistance with mobility, bathing, dressing, and toileting. He used a walker to ambulate.

During an interview with staff A, a nurse and the executive director on at 1:15 pm, they both said the information on the admission 1823 form regarding how much assistance he required with his care was inaccurate. They were unable to provide any documentation to indicate a health care provider was contacted to obtain the correct information.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviews and interview, the facility failed to ensure the Medication Administration Record (MAR) was updated for a resident (#2) who required medication administration.

Findings:

Review of the record for resident #2 revealed he was admitted to the facility on with diagnoses of Accident (,) , of the , , and , , . His medications had to be administered via a Endoscopic , ( ) tube.

Review of the , 2018 MAR for resident #2 revealed entries for the following:

25 milligrams (mg,) give a half tab via feeding tube daily for , .

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NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 GREENBORO DRIVE MELBOURNE, FL 32904**	

SUMMARY STATEMENT OF DEFICIENCIES
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15 mg, give two tablets via feeding tube daily for
(.)

The dose for both medications was not signed as given on , as required.

On at 1:13 pm staff A, a nurse, confirmed the findings and said the nurse forgot to sign the MAR.

Class III

Z803 - License Required; Display - 408.804 FS

Based on record reviews and interview, the facility provided an unlicensed service to a resident (#2) who received assistance with an feeding tube.

Findings:

Review of the facility's posted license revealed the facility held a standard license with Limited Nursing Services (LNS.)

During an interview with the resident care coordinator on at 9:27 am, he identified resident #2 and said the resident received LNS for a Endoscopic ( ) tube, which was a service that could be provided only with an Extended Congregate Care (ECC) license.

Review of the record for resident #2 revealed he was admitted to the facility on with diagnoses of Accident (,) of the , , and , with a Tube.

A health care provider order written on indicated he was to be given Glucerna 1.2 Calorie liquid, 2 cans via Tube three times a day and 500 milliliters (ml) of water after each tube feeding.

A health care provider order written on indicated he was to be admitted to LNS for tube feedings three times a day and medications twice a day. Document placement, residual, and skin around the tube site.

Review of the 2018 Medication Administration Record (MAR) for resident #2 revealed an entry

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SUMMARY STATEMENT OF DEFICIENCIES
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for Glucerna liquid 1.2 Calorie Vanilla, give 2 cans via . . . . . three times a day for nutrition at 9 am, 1 pm, and 6 pm. The entry was signed as given from . . . . . through . . . . .

During an interview with the executive director on . . . . . at 11:39 am, she confirmed the facility nurses were administering feedings and medications via his tube.

On at 12:05 pm staff A, a nurse, said the facility nurses began administering his feedings and medications via his feeding tube on . . . . . She said prior to that date, home health provided those services.

Unclassified