STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD** **MELBOURNE, FL 32901**	

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

0000 - Initial Comments

A complaint investigation #2017015129 was conducted on , 2018. Brookdale Melbourne, license #9396, 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 (#1) who exceeded the admission criteria for an Assisted Living Facility (ALF).

Findings:

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 24-hour nursing or care, which exceeded the admission criteria for an ALF.

On at 2 pm, the health and wellness director confirmed the finding.

Class III

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

Based on record reviews and interview, the facility failed to ensure a health assessment form 1823 was complete for 1 of 4 sampled residents (#1).

Findings:

Review of the record for resident #1 revealed he was admitted to the facility on . The question on his admission health assessment form 1823, dated on that pertained to how much assistance he required with transfers was not answered, as required.

On at 2 pm, the health and wellness director confirmed the finding.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD** **MELBOURNE, FL 32901**	

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

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for a resident (#3) who required assistance with self-administered medications.

Findings:

Review of a health assessment form 1823, dated on , for resident #3 revealed he required assistance with self-administration of his medications.

Review of the , 2018 MOR for resident #3 revealed an entry for , 1 milligram (mg) tablets, give 1 tablet by mouth at bedtime for . The dose on was not signed as given.

, capsule 300 mg, give 1 capsule by mouth at bedtime for , . The dose on , , , and was not signed as given.

On at 3:35 pm, the health and wellness director confirmed the findings and was unable to provide an explanation.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to ensure that all existing architectural structures were maintained in good working order and 2. Failed to ensure a resident dining clean.

Findings:

Observations made on at 9:54 am revealed the dining in the memory care unit was dirty and contained thick build-up of dirt in the corners where the floor was flush with the walls. In addition, a portion of the baseboard was missing in the dining .

Observations made on at 3:15 pm revealed the condition of the dining remained the same and the baseboard remained missing.

On at 3:30 pm, the administrator confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD** **MELBOURNE, FL 32901**	

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

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record reviews and interview, the facility failed to submit its Comprehensive Emergency Management Plan (CEMP) for review and approval to the local emergency management agency.

Findings:

On [redacted] at 9 am, a request was made to review the County approval letter for the facility's CEMP.

On [redacted] at 1 pm, the administrator said she was unable to locate an approval letter for 2016 or 2017. She provided a document that indicated she submitted the plan to the County on [redacted].

Class III