STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	**03/01/2018**
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

A monitoring for Limited Nursing Services (LNS) was conducted on . Brookdale Tuskawilla license # 8985 had a deficiency found at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on facility and personnel record review and interview the facility failed to make sure that a staff member who has completed courses in First Aid and ( ) and held a currently valid card documenting completion of such courses must be in the facility at all times; for 4 of 4 staff.

Findings:

Staff schedule review for the week of to and to revealed that staff C worked the 10 PM to 6 AM shift. She worked with 3 other staff who alternated days.

Personnel record review for staff C revealed no evidence she had completed a course in First Aid and held a currently valid card documenting completion of the course.

The administrator was given the opportunity to locate evidence of current First Aid and for any of the 4 staff who worked during the 10 PM to 6 AM shift during the week of to and form to . She provided for one staff but not First Aid.

She was given the opportunity to locate evidence of a staff that had completed courses in First Aid and ( ) and worked the 10 PM to 6 AM shift, and submit by e-mail by the end of business on .

An e-mail was not received.

Class III