

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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 monitoring visit for Limited Nursing Services (LNS) was conducted on Brookdale West Melbourne license # 7354, had deficiencies at the time of the visit. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to ensure that 1 of 4 sampled staff (D), submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable Findings: Personnel record review for staff D, who worked at the corporate office and became the interim Registered Nurse (RN) in 2017, revealed no evidence to confirm that staff provided written statement from a health care provider documenting that she did not have any signs or symptoms of communicable An opportunity was given to the Business Office Manager /Human Recourses to locate any additional documentation she may had. In an interview with the Business Office Manager on at 3:30 PM, who stated she did not a healthcare provider's statement for staff D. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview the facility did not provide or arrange for 3 of 4 sampled staff (A, C and D) to receive the mandated in-services training. Findings: 1. Personnel record review for staff A, a caregiver hired, revealed no evidence to confirm staff attended/received the following training: 1. A 1-hour in-service regarding safe food handling practices.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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)		
2. An in-service training regarding the facility's resident elopement response policies and procedures Continued review revealed a certificate dated _____ that indicated 70 minutes of training regarding 1. Resident behavior, needs, and 2. Providing assistance with the activities of daily living. There was no evidence she received the required 3 hours of in-service training regarding resident behavior and needs providing assistance with the activities of daily living. There was no evidence she was a Home Health Aide or a Certified Nursing Assistant, therefore exempt from this requirement. 2. Personnel record review for staff C, a caregiver hired _____, revealed no evidence to confirm that staff attended/received the following training: 1. A 1-hour in-service regarding safe food handling practices. 2. An in-service training regarding Resident's rights & Recognizing _____ Neglect and _____ ; 3. An in-service training regarding the facility's emergency procedures including chain- of command and reporting major incidents. 3. Personnel record review for staff D, who worked at the corporate office and became the interim Registered Nurse (RN) in _____ 2017, revealed no evidence to confirm that staff attended/received the following training: 1. A 1-hour in-service training regarding the facility's emergency procedures including chain- of command and reporting major incidents. 2. A 1-hour in-service training within 30 days of employment that covered the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident _____, neglect, and _____. There was no evidence to confirm she attended ALF Core and therefore exempt from this requirement. 3. An in-service training regarding the facility's resident elopement response policies and procedures. An opportunity was given to the Business Office Manager /Human Recourses to locate completed certificates of training. In an interview on _____ at 2:24 with the Business Office Manager, who provided a computer printout that listed in-services. The printout indicated the due date was _____, was last accessed		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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)		
and was "in progress". There was no evidence the staff completed the required training within the mandated timeframe. Class III 0086 - Training - ADRD - 58A-5.0191(9) FAC Based on personnel record review and interview, the facility maintained a secured area and provided special care for persons with 's and related (ADRD) did not have evidence that 1 of 4 sampled staff (D) who had regular contact with persons with 's and Related (ADRD) obtained " and Related Level I and II Training". Findings: Personnel record review for staff D, who worked at the corporate office and became the interim Registered Nurse (RN) in 2017, revealed no evidence to confirm staff attended/received an in-service training regarding 's and Related Level I and II Training". There was no evidence she was an 's trainer, therefore exempt from this requirement. An opportunity was given to the Business Office Manager /Human Recourses to locate completed certificates of training. In an interview with the Business Office Manager on at 3:30 PM who stated she was not able to locate certificates of training. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on observations and interviews and the facility failed to ensure 3 of 4 sampled staff (A, C, and D) who provide care to residents, received at least one hour of training in the facility's policies' and procedures regarding (). Findings: Personnel record review for staff A revealed she was hired and was a caregiver. The review revealed a certificate dated that indicated a 40 minute in-service training regarding the facility's		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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)		
..... policies and procedure. Personnel record review for staff C, a caregiver hired, revealed no evidence to confirm staff attended/received in-service training regarding the facility's policies and procedures. Personnel record review for staff D, who worked at the corporate office and became the interim Registered Nurse (RN) in 2017, revealed no evidence to to confirm that staff attended/received in-service training regarding the facility's policies and procedures. An opportunity was given to the Business Office Manager /Human Recourses to locate completed certificates of training. In an interview with the Business Office Manager on at 3:30 PM who stated she was not able to locate certificates of training. Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on interview and personnel record review the facility failed to make sure certificates, or copies of certificates, of any training required by this rule were documented in the facility's personnel files for 1 of 4 staff (A). Findings: Personnel record review for staff A revealed she was hired and was a caregiver. The review revealed certificates of training for Emergency procedure and control practices, Resident's rights and Recognizing neglect and, dated, However, the certificates did not contain the training provider's name, dated signature and credentials, and professional license number, if applicable. An opportunity was given to the Business Office Manager /Human Recourses to locate completed certificates of training. In an interview with the Business Office Manager on at 3:30 PM, who stated she did not have		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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)		
completed certificates of training. The staff did the in-services on line learning. The certificates printed after completion but she did not sign them. 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 ensure the personnel record for 1 of 4 sampled staff (D) contained the mandated documentation that included a job description. Findings: Personnel record review for staff D, a Registered Nurse hired at the corporate level on , revealed no evidence to confirm that staff received a job description . An opportunity was given to the Business Office Manager /Human Recourses to locate the job description. In an interview with the Business Office Manager on at 3:30 PM who stated she did not have a job description for staff D as it was at the corporate office . Class III Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on facility interview and record review and the facility failed to ensure 1 of 4 staff (D), who was in a role that required a background screening (BGS) did not have any disqualifying offenses and allowed the staff to continue to work without knowledge of background screening results . Findings: Personnel record review for staff D, who worked at the corporate office and became the interim Registered Nurse (RN) in 2017, revealed no evidence to confirm that a BGS was conducted. An opportunity was given to the Business Office Manager /Human Recourses to locate the BGS result. In an interview with the Business Office Manager on at 3:30 PM, who stated she did not have a		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 03/19/2018
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)		
BGS for staff D, because she worked at the corporate office. The Agency's BGS web site indicated that staff D was eligible to work as of . . . ; however, the result did not list any employment history. Unclassified		