STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	**03/30/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint investigation (CCR#2018001624) was conducted on .

The Brookdale Pointe West, Assisted Living Facility (License# 5421), had deficiencies at the time of this visit.

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

Based on observation and record review, the facility failed to ensure that all staff (3 of 3 reviewed in facility with 26 in-house residents) have documentation of freedom from communicable including within 30 days after beginning employment and annual documentation of freedom from . The facility failed to ensure that that newly hired staff (3 of 3 reviewed) submit within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings included:

A review of personnel records and staff schedules was conducted at the facility on . Staff A, B, and C are facility employees who provide direct personal care for facility residents.

Staff A was hired as a Resident Care Associate on 11/ . Staff A's personnel record contained no evidence of initial testing, no annual testing, and no written statement from a health care provider documenting Staff A not having any signs or symptoms of a communicable including .

Staff B was hired as a Resident Care Associate on 11/ . Staff B's personnel record contained no evidence of initial testing, no annual testing, and no written statement from a health care provider documenting Staff B not having any signs or symptoms of a communicable including .

Staff C was hired as a Resident Care Associate on . Staff C's personnel record contained no evidence of initial testing, no annual testing, and no written statement from a health care provider documenting Staff C not having any signs or symptoms of a communicable

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	03/30/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

including .

Class III

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

Based on observation, record review, and interviews, the facility failed to ensure that all staff who provides direct care to residents receive a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living; a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation; a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents; and a minimum of 1 hour in-service training within 30 days of employment that covers Resident Rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and .

Findings included:

Record reviews and interviews conducted at the facility on revealed that the facility employs Resident Care Associates to provide direct care to residents; none of the Resident Care Associates reviewed are nurses, certified nursing assistants, or home health aides. Staff A was hired as a Resident Care Associate on 11/ ; Staff B was hired as a Resident Care Associate on 11/ ; Staff C was hired as a Resident Care Associate on .
AHCA Surveyor review of employee files on revealed no documentation of required staff in-service training as follows:

3 of 3 (Staff A & B & C) records reviewed contained no documentation of 3 hours of in-service training covering Resident behavior and needs and providing assistance with Activities of Daily Living.

3 of 3 (Staff A & B & C) records reviewed contained no documentation of completion of training in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

3 of 3 (Staff A & B & C) records reviewed contained no documentation of training in reporting major incidents & adverse incidents.

1 of 3 (Staff B) records reviewed contained no documentation of training in Resident Rights in an Assisted Living Facility and Recognizing and Reporting resident , neglect, and . Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	**03/30/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD BRADENTON, FL 34209**	

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

B's record contained only a list of Resident Rights signed by Staff B, dated .

The omissions of staff training and training certificate requirements were discussed with the Administrator and Area Director during facility exit interview conducted at 5:45pm and the Administrator and Area Director confirmed the findings.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on observation and record review, the facility failed to ensure that all staff (1 of 3 reviewed in facility with 26 in-house residents) have completed a one-time education course on (/) required within 30 days of employment.

Findings included:

Record reviews and interviews conducted at the facility on revealed that the facility employs Resident Care Associates to provide direct care to residents; none of the Resident Care Associates reviewed are nurses, certified nursing assistants, or home health aides.

Staff B was hired as a Resident Care Associate on 11/ and works with residents on the 2nd shift at the facility. AHCA Surveyor review of employee files on revealed Staff B's personnel record contained no evidence of training regarding / .

Surveyors discussed staff training and training certificate requirements with the Administrator and Area Director during facility exit interview conducted at 5:45pm and the facility staff confirmed the findings.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all direct care staff (2 of 3 reviewed in facility with 26 in-house residents) receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	03/30/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

Record reviews and interviews conducted at the facility on revealed that the facility employs Resident Care Associates to provide direct care to residents; none of the Resident Care Associates reviewed are nurses, certified nursing assistants, or home health aides.

Staff A was hired as a Resident Care Associate on 11/ . Staff A's personnel record contained a certificate for a 40-minute "online course in First Aid & training." Staff A's personnel record contained no documentation of at least one hour of training in the facility's policies and procedures regarding .

Staff C was hired as a Resident Care Associate on . Staff C's employee file contained no documentation of training in the facility's policies and procedures regarding .

Surveyors discussed staff training and training certificate requirements with the Administrator and Area Director during facility exit interview conducted at 5:45pm and the facility staff confirmed the findings.

Class III

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

Based on observation and staff interview, the facility failed to provide a safe living environment free from hazards to all residents residing in the facility.

Findings included:

During a tour of the facility on at 10:30 a.m., the following was observed:

1. Resident observed (A1, A2, A4, A5, C1, C2, C5, D1, D4) had only lukewarm water.
2. Shower in : Water with drip only; shower stall with protruding nails at bottom of frame by entrance; Stains and rust on tile floor in stall; Wooden chair with no back (unsafe); Toilet paper holder broken; Soap dispenser caked with dried on soap.
3. Laundry to the right side of the entryway door had large area of peeling and chipping paint and plaster.
4. Door frame in dining dried food splashes on it.
5. Observed a wet brief lying on the toilet seat in -5.
6. Community multiple large brown and pink stains on the carpet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	03/30/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

At 11:30 a.m., the Area Director stated: "Yes, it's bad. Nails sticking out is dangerous." She then looked at toilet paper holder & soap dispenser and stated, "Not good. I'm addressing this immediately."

CLASS III

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

Based on observation, interview and record review, the facility failed to maintain personnel records for each staff member (3 of 3 reviewed in facility with 26 in-house residents) that contain documentation of background screening.

Findings included:

AHCA Surveyors reviewed personnel records and staff schedules at the facility on . . . . . Staff A, B, & C are facility employees who provide direct personal care for facility residents.

Staff A was hired as a Resident Care Associate on 11/ . Staff A's personnel record contained an Affidavit of Compliance with Background Screening signed & dated . . . . Surveyor review of the facility's AHCA Background Screening website on . . . revealed Staff A deemed eligible for employment on . . . . and listed on the facility's employee roster. Record review revealed no documentation of background screening in Staff A's personnel record.

Staff B was hired as a Resident Care Associate on 11/ . . Staff B's personnel record contained an Affidavit of Compliance with Background Screening signed & dated . . . . . Surveyor review of the facility's AHCA Background Screening website on revealed Staff B deemed eligible for employment on . . . . and listed on the facility's employee roster. Record review revealed no documentation of background screening in Staff B's personnel record.

Staff C was hired as a Resident Care Associate on . . . . . Staff C's personnel record contained 2 Affidavits of Compliance with Background Screening signed & dated . . . & . . . . . Surveyor review of the facility's AHCA Background Screening website on . . . . revealed Staff B deemed eligible for employment on . . . . and listed on the facility's employee roster. Record review revealed no documentation of background screening in Staff C's personnel record.

The findings were discussed with the administrator on . . . at 5:30 PM and the administrator confirmed and acknowledged the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953408	**03/30/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE POINTE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6101 POINTE WEST BLVD** **BRADENTON, FL 34209**	

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

Class III