

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922279	(X3) DATE SURVEY COMPLETED 04/02/2018
NAME OF PROVIDER OR SUPPLIER EASTBROOKE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SUNSET DRIVE CASSELBERRY, FL 32707	

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

0000 - Initial Comments

A Complaint investigation #2018001375 was conducted on Eastbrooke Gardens, license #5355, had deficiencies at the time of the investigation.

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

Based on observation, record review and interview the facility failed to ensure the Health Assessment (form 1823) was accurate for 1 of 4 sampled residents which documented she required total assistance with most Activities of Daily Living (ADLs) (#1).

Findings:

Observations on at 10:05 AM revealed Resident #1 participating in a group activity in the activity At 12:00 PM, she was observed walking to lunch independently and talking with a caregiver. She was observed eating her lunch without assistance. She stated she enjoyed her lunch. After lunch, she was observed in the activity with other residents and the activity leader.

Record review for Resident #1 revealed she was admitted to the facility on Her Health Assessment Form (1823) was dated and documented the resident had diagnoses that included & She was documented as requiring total assistance with bathing, dressing, and toileting and assistance with ambulation, eating and transferring.

A phone interview with the resident's husband was conducted on at 1:30 PM. He stated he wife can still do most things for herself, but her is progressing and she needs supervision. He stated he visits every day and sometimes they go out for lunch or shopping.

On at 1:45 PM, the Administrator stated the resident was very independent and she was not aware that the Health Assessment indicated the resident required total care with any ADLs. She said she would contact the physician.

Class III

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

Based on interview and review of documentation the facility failed to have a current approval letter from the Emergency Management Agency for their Comprehensive Emergency Management Plan (CEMP)

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annually. Findings: Review an email from the Seminole County Emergency Management Agency revealed that the facility's CEMP was delinquent. The last approval of the facility's CEMP was (due). There had been five e-mails sent to the facility for additional information. As , the facility did not have a current approval letter for their CEMP from Seminole County Emergency management Agency. In a telephone interview with the Business Office Manager on at approximately 9:45 AM who confirmed the above findings. Class III Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on personnel record review and interview, the facility failed to ensure that a new background screening was obtained for a new employee who had a break in service of more than 90 days for 1 of 3 sampled staff (D). Findings: Review of the personnel record for Staff D revealed a hire date of . There was a level II background screening with an eligibility date of in the record. The application for Staff D listed no former employment in a position that required a background screening. In an interview with the administrator on at 1:00 PM, she confirmed a new background screen was not requested for Staff D and she was not aware of the 90 days lapse in employment rule. She stated she did not know if there was a break in service of more than 90 days for this employee. Unclassified		