

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964760	(X3) DATE SURVEY COMPLETED 04/16/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 GREENBORO DR MELBOURNE, FL 32904	

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

0000 - Initial Comments

Relicensure survey with Limited Nursing Services (LNS) was conducted on Brookdale West Melbourne, License #9244 had deficiencies at the time of the visit.

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

Based on personnel record review and interview, the facility failed to ensure that 2 of 5 sampled staff were trained in the facility's policies and procedures related to (B & C).

Findings:

1. Personnel record review for staff B, hired, did not reveal a certificate for training in (.).
2. Personnel record review for staff C, hired, revealed a certificate for training dated, but the training was not provided by this facility.

On at 11:05 AM, staff C explained as, "It's when a resident asks to be taken to the hospital, you have to take them." Upon further questioning, she was still unable to describe what a was.

On at 4:15 PM, the administrator confirmed the training provided was not specific to this facility.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and interview, the facility failed to ensure that the staff member in charge of dining had complied with the food service continuing education requirements specified in Rule 58A-5.0191, FAC (F).

Findings:

Review of staff F's personnel record did not contain a current certificate for the 2 hour annual training update required for food and nutrition services in an assisted living facility.

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On at 2:20 PM, the Dietary Manager confirmed that she had not completed the recent update. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care for the residents. Findings: 1. Observations on from 10:30 AM during the tour found dirty and stained carpets throughout the facility in the hallways from 126 to 141. The carpet in had multiple large stains all over. In an interview with the administrator on at 4:30 PM confirmed the findings. 2. Observations during the tour of the facility on from 10:30 AM of hallways found dirty and stained carpeting throughout the common areas of the facility. All 3 resident hallways had numerous dark stains. The common area outside the dining had multiple stained areas. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and record review, the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management for approval yearly. Findings: On at 1 PM, the administrator said that the maintenance director discarded the last letter of approval for the CEMP, therefore she had no evidence when the plan was last approved by the local emergency management. She said she submitted the plan for review on but had not recieved approval yet. Class III		