STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	R 04/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	**7199 GREENBORO DR MELBOURNE, FL 32904**

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on , , 2018. Brookdale West Melbourne, license #9766, had deficiencies at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interviews, the facility failed to ensure the health assessment form 1823 was complete and accurate for 2 of 3 sampled residents (#2 and #8).

Findings:
1. Review of a health assessment form 1823 for resident #2, dated on , revealed documentation that indicated the resident required medication administration, which must be conducted by a licensed nurse, and assistance with self-administered medications, which can be conducted by unlicensed staff. The record for resident #2 did not contain documentation to indicate the facility contacted a health care provider to obtain clarification as to how much assistance the resident required with medications.

2. Review of a health assessment form 1823 for resident #8, dated on , revealed the section that pertained to the type of diet the resident was to receive was not answered. In addition, page four of the form indicated a list of the resident's medications was attached. However, it was not.

On at 12:45 pm, the health and wellness director confirmed the findings.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to follow an order from a health care provider for 1 of 2 sampled residents (#8) whose , was to be checked prior to giving a medication.

Findings:
Review of the 2018 Medication Observation Record (MOR) for resident #8 revealed an entry for 0.5 milligram (mg) tablets, give 1 tablet by mouth every other day for . Hold for

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a , , less than 110.

Neither the MOR nor the record of resident #8 contained documentation of the , readings.

During an interview with the health and wellness director on at 1 pm, he confirmed the findings.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

DEFFICIENCY REMAINED UNCORRECTED

Based on observation, record review, and interview, the facility failed to make a daily effort to determine that a resident (#2) who was at risk for elopement had identification on their person that included their name and the facility's name, address, and telephone number.

Findings:
Review of a health assessment form 1823 for resident #2, dated on , revealed documentation that indicated the resident was at risk for elopement.

Observations made of resident #2 on at 11:45 am revealed the resident did not have identification on her person.

During an interview with the health and wellness director on at 11:50 am, he confirmed the resident did not have on identification and said the facility did not place identification on resident's who were at risk for elopement.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 2 of 3 residents (#2 and #8) who required assistance with self-administered medications.

Findings:

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1. Review of a health assessment form 1823 for resident #2, dated on , revealed documentation that indicated the resident required both administration of and assistance with self-administration of her medications.

Review of the 2018 MOR for resident #2 revealed entries for tablets give 10 milligrams (mg) by mouth at bedtime for sleep and , 25 mg tablet give 1 tablet by mouth three times a day for an .

The 10 pm doses for both medications on and were blank and not signed as given. Neither MOR contained documentation to indicate why the doses were not signed.

2. Review of a health assessment form 1823 for resident #8, dated on , revealed documentation to indicate the resident required assistance with self-administered medications.

Review of the 2018 MOR for resident #8 revealed an entry for , 5 mg capsule give 1 capsule by mouth at bedtime for sleep.

The 8 pm dose on and was circled. The MOR did not contain documentation to indicate why the doses were circled.

On at 1:10 pm, the health and wellness director confirmed the findings and said he was unable to provide an explanation.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record reviews, and interview, the facility failed to ensure a medication container was properly labeled for a resident (#7) who received assistance with self-administered medications.

Findings:
Observations made during a medication pass for resident #7 on at 10:10 am revealed nurse I donned gloves, placed gel from one prefilled syringe onto her fingers, and then she rubbed the gel into the skin on the resident's right inner wrist.

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Review of the prescription label affixed to the bag of prefilled syringes revealed the medication was gel 1 milligram (mg)/1 milliliter (ml) and the directions for use were to apply 2 syringes twice a day and apply 1 syringe twice a day as needed.

Review of resident #7's 2018 Medication Observation Record (MOR) revealed the directions for use of the was to apply 1mg/1ml to skin two times a day for agitation and apply 1mg/1ml to skin two times a day as needed for agitation. Neither entry indicated that 2 syringes were to be applied, as was indicated on the prescription label.

On at 10:15 am, Nurse I confirmed the findings and said she did know why the prescription label directions differed from those on the MOR. She said she always understood that she was to apply only 1 syringe. She confirmed the bag that contained the syringes did not have an alert label that directed staff to examine the revised directions for use in the MOR.

Review of resident #7's record revealed a health assessment form 1823, dated on that indicated the resident required assistance with self-administered medications. A medication list attached to the 1823 contained an entry for the and the directions for use matched those on the 2018 MOR. Therefore, an alert label should have been placed on the medication bag or a revised label should have been obtained from the pharmacist.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to make a judgement or discretion as to whether or not a medication would be given to a resident (#8).

Findings:

Review of the 2018 Medication Observation Record (MOR) for resident #8 revealed an entry for 0.5 milligram (mg) tablet, give 1 tablet by mouth every other day for and hold the medication if the resident's was less than 110. Due to the parameter order given by the health care provider to hold the medication based on the resident's reading,

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a licensed nurse was required to give the medication.

Review of the facility staffing schedule revealed that staff J was a caregiver. Resident #8's 2018 MOR indicated that on at 8 am, staff J signed that the was given.

On at 1 pm, the health and wellness director confirmed the findings and said staff J was not a nurse.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 2 of 2 direct care staff (B and C) obtained level 1 training within three months of employment.

Findings:
1. Review of the personnel record for caregiver B, hired on , revealed no documentation to indicate she obtained 's level 1 training.

2. Review of the personnel record for caregiver C, hired on , revealed no documentation to indicate she obtained 's level 1 training.

On at 11:48 am, the business office manager said neither employee obtained the required training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations, review of the menus, and interviews, the facility failed to have current menus posted, failed to have substitutions with items of comparable nutritional value, and failed to note substitutions before or when the meal was served.

Findings:

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Review of the menus that were posted by the facility revealed they were dated from . . . . . through .

Observations made during the lunch meal on at 12:26 pm revealed the residents were served shrimp stir-fry in noodles with vegetables and applesauce. A request was made to review the facility's current menus. Dietary server K said the facility did not have a current menu. He said he would have to go get a menu from one of the other separately licensed facilities on campus. He returned with a menu that indicated on lunch would consist of garbanzo salad, chicken tenders, buttered noodles, caramelized carrots, and fruit or forest pie.

Server K said garbanzo salad and caramelized carrots were not served because the facility did not have garbanzo beans or carrots. He did not substitute either one since there were vegetables in the stir-fry.

The food substitutions were not noted on the menu before or when the meal was served, as required. Server K confirmed this and said he did not note the substitutions because he did not have access to the menu until the surveyor requested to review it.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility failed to provide and maintain a home-like and decent environment in which to provide a safe living environment for the 25 residents of the facility.

Findings:

Observations made on at 10:30 am revealed a brown substance on ceiling tiles located near the dining . . . . C hall and a rusted border on an air vent in the country kitchen area.

On . . . . . at 10:45 am, the health and wellness director confirmed the findings.

Class III

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

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DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to provide documentation to indicate its emergency management plan was approved on an annual basis by the local emergency management agency.

Findings:

On at 9:30 am, a request was made to review the facility's approval letter from the county for its Comprehensive Emergency Management Plan (CEMP.) The administrator said she did not have an approval letter and she provided an email, dated on that indicated a request was made to the county to approve the plan. The date of the email was 8 days after the facility's correction date for the revisit.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

DEFICIENCY REMAINED UNCORRECTED

Based on review of the Agency's online background screening clearinghouse and interview, the facility failed to update the employment status for 1 of 4 sampled staff (E) within 10 business days of a change.

Findings:

On at 9:45 am the administrator said effective , staff E was no longer employed by the facility. Review of the facility's online background screening clearinghouse revealed it was not updated to reflect the status change of staff E, as required.

On at 9:50 am, the business office manager confirmed the finding.

Unclassified