STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on and . Brookdale Tuskawilla, license #8985, had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record reviews, and interviews, the facility retained 1 of 6 sampled residents (#13) who exceeded the continued residency criteria in an Assisted Living Facility (ALF) and failed to have a face-to-face medical examination.,

Findings:

Resident #13's record contained an admission health assessment (1823), dated on that indicated she had diagnoses of , hearing loss, , and . She required assistance with her Activities of Daily Living (ADLs.) The record contained no documentation to indicate she received hospice services.

Documentation in the record, dated on , indicated resident #13 was having a hard time transferring and required the assistance of 3 caregivers. She became weak and could not stand. A health care provider was notified and a request was made by the facility for a , order however, the record did not contain an order from a health care provider.

Observations made during a transfer of resident #13 on at 3 p.m. revealed caregivers H and I, nurse G, and the health and wellness director lifted her up by holding onto the back of her pants and placed her in the bed. The same staff then transferred her from the bed to her wheelchair by using the same technique. Resident #13 did not stand and did not pivot during the transfers.

During an interview with the executive director on at 9:30 a.m. regarding the observations, she said okay.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations, record review and interviews, the facility failed to treat 1 of 17 sampled residents (#15) with consideration and respect and with due recognition of personal dignity and the need for privacy and failed to implement its grievance procedures upon receipt of a complaint.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708**	

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

Findings:

On at 10:25 a.m. resident #15 said there were times over the previous three months that her was missing from her . As many as 13 pills were missing at one time. She spoke with the executive director who advised her to place a lock on her drawer where she kept her medications.

On at 11:47 a.m. resident #15's family member said, he was aware that the resident had some missing from her . He said he noticed some of her pills were replaced with pills that contained the letter "E" on them and when he conducted a search, he determined they were tablets. He spoke with the Executive Director about the missing pills and that was used to replace the .

On at 3:13 p.m., the executive director said that approximately two weeks ago resident #15 and her family member told her they found that the resident's was replaced with pills that contained the letter "E" on them. She said an investigation into the matter was not conducted because the resident's family member was blasé about it. She recommended to them that a lock be placed on the resident's drawer where she stored her medications. In addition, she said she entered resident #15's she was absent from the pick up dog feces and to vacuum the resident's . She said she did that on multiple occasions and believed the resident knew about it.

Resident #15's record revealed a facility admission date of . A most recent health assessment form 1823, dated on , indicated she had diagnoses of Parkinson's and . She self-administered her medications.

On at 11:40 AM, The facility's Wellness director knocked on the of resident #15, and called out resident #15's name, when the wellness director opened the , the executive director was observed rising from behind the resident's rocking recliner chair and running to the area by her closet. The Executive director had a small cereal box (raisin bran), in her hand. She appeared startled. She then was observed kneeling down picking up dog feces that was on a that was on the floor, she then went to the , and she could be heard in the the toilet. The executive was asked where the resident was by the wellness director, the executive director said she had just assisted the resident outside to the gazebo. The reclining rocker chair was located next to the drawer where the resident kept her medications locked in the bottom drawer. The top drawer of the dresser was slightly opened.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

On at 12 PM, Resident #15 was sitting outside. She was asked at the time if she knew the executive director was in her . She also said the executive director did not assist her outside. Resident #15 said she did not know that the executive director was in her . She said she did not want her to be in her she was not there. She said at the time that some of her medications were missing. She said she had heard that the executive director would enter her she was not there. She was asked if she thought the executive director was taking her medication, she shook her head yes. Resident #15 was asked if she had left the top drawer of her dresser opened, she stated she did not.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations, record reviews and interview, the facility failed to ensure the unlicensed staff (F) who assisted a resident (#4) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #4 on at 10:47 a.m. revealed unlicensed caregiver F sanitized her hands, entered the resident's identified the resident by asking the resident to state her name and date of birth, returned to the medication cart and unlocked it, then she removed a medication bottle. While standing at the cart, she opened the bottle, poured a pill into a soufflé cup, poured a cup of water, placed the medication bottle back into the cart, locked the cart, and then took the medication to the resident in her . She told the resident the name of the medication. The resident poured the pill into her own hand then she took the medication with water and without assistance. Caregiver F observed the resident take the medication then she returned to the cart and signed the Medication Observation Record (MOR.)

Caregiver F did not take the medication, in its previously dispensed, properly labeled container from where it was stored, and bring it to the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, as required.

On at 10:55 a.m. caregiver F confirmed the findings.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

Based on record reviews and interview, the facility failed to return or centrally store discontinued medications for 1 of 5 sampled residents (#16) whose medications were centrally stored by the facility.

Findings:

On at 9:48 a.m. the health and wellness director said when resident's medications were discontinued, the facility's process was that two nurses were present when the medications were placed into a container of solution that destroyed the medications and when the container of solution became full, it was placed in a box and the company that manufactured the solution picked up the box. She said the medication was not offered to the resident or family and was not centrally stored for use later should the medication be prescribed again.

Resident #16's controlled medication utilization records contained documentation to indicate that on a total of 21 milliliters of , 100 milligram (mg) per 5-milliliter (ml) solution and 100 Methadone 10 mg tablets were discontinued and wasted in the drug buster solution.

The facility's policy and procedure regarding disposal of controlled medications indicated that discontinued controlled medications should be returned to the resident/legally responsible party, as appropriate. If the controlled medication is re-prescribed by the resident's physician later, it may be reused as long as it has not expired.

Class III

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

Based on record review and interview the facility failed to have evidence that one of 5 sampled staff (Staff A) had documentation of annual assessment for ( ) signed by the healthcare provider.

Findings:

Personnel record review for staff A, a caregiver revealed the last documentation to confirm she was free from was dated (was due).

On at 1 PM, the business office manager said she had provided staff A with the paperwork to have her annual assessment and she had not returned it.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

Class III

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

Based on observations, personnel record reviews and interviews, the facility failed to ensure 1 of 3 direct care staff (C) received 4 hours of and Related (ADRD) continuing education annually and failed to ensure 1 of 6 staff (E) obtained level 1 training within three months of employment.

Findings:

On at 9:45 a.m., the health and wellness director identified nurse E as the corporate registered nurse who conducted the required resident assessments for the facility's Limited Nursing Service (LNS) license.

On at 9:55 a.m., a tour of the facility revealed the existence of a secured memory care unit.

On at 1 p.m., the business office manager said nurse E was hired on . Nurse E's personnel record did not contain documented evidence to indicate she received 's level 1 training within three months of employment, as required.

Caregiver C's personnel record revealed a hire date of . The record contained a certificate of completion, dated on , for the required 's levels, 1 and 2 training however, the record did not contain documented evidence to indicate she received the required 4 hours of ADRD continuing education annually since .

On at 1:45 p.m., the business office manager confirmed the findings.

Class III

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

Based on personnel record review and interviews the facility did not have evidence that 1 of 5 sampled staff (A) received a one hour of training in the facility's policies and procedures regarding ('s).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

Personnel record review for staff A, a caregiver hired , revealed there was no evidence to confirm she received one hour of training in the facility's policies and procedures regarding 's. There was a document for an online training regarding dated ; however, there was no way to determine if the training included the facilities policy and procedures.

On at 1 PM, the business office manager said there should have been a certificate in staff A record for the facility's policy and procedure and she could not locate it.

Class III

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

Based on observations and interview, the facility failed to ensure that all existing fire panels were maintained in good working order 2. Ensure that carpets in the facility were cleaned and free of stains.

Findings:

1. Observations on at 10:30 AM revealed the carpet in had stains.

On at 2 PM, the maintenance director said the carpets were going to be cleaned.

2. On at 12:30 p.m., the maintenance supervisor provided the most recent fire inspection that was dated on . The inspection indicated the FACP was showing a system trouble that could not be cleared and a fire watch should be conducted until a fire alarm technician was able to repair the system. The inspection report indicated the facility had one day to make the corrections.

Review of the fire watch logs that were provided by the maintenance supervisor revealed that hourly fire watches were not conducted by the facility on at 11 p.m. and midnight, at 11 p.m., 1 a.m., 2 a.m., 4 a.m., and 5 a.m., on at 11 p.m., on at 1 p.m. and on at 11 p.m. and 12 a.m. through 5 a.m.

The maintenance supervisor confirmed the findings and said the staff forgot to sign the log. In addition, he said the system had not been repaired yet because he was waiting for someone in Corporate to grant him permission to schedule a technician to come to the facility to conduct the repairs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/28/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

3. Observation on at 10 AM, # had dark carpet stains in front of the recliner chair.

On at 12:20 PM, an interview with the Administrator who stated she will let the Maintenance Supervisor know.

On at 1:10 PM, an interview with the Maintenance Supervisor who confirmed the findings. In addition, the maintenance supervisor was taken and showed the outside area front covered patio green carpet near the receptionist desk, with the black-like substance on it.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to have a written informed consent that unlicensed staff assisting with self-administration of medications would or would not be overseen by nurse for 1 of 2 sampled residents (#9) as described in Rule 58A-5.0181, Florida Administrative Codes.

Findings:

Resident #9's record review revealed an informed consent dated but was not documented if unlicensed staff will or will not be overseen by a licensed nurse.

On at 3:45 PM, an interview with the Health & Wellness Director who confirmed the finding.

Class III

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

Based on review of the facility's background clearinghouse employee roster and interview, the facility failed to update the employment status for 1 of 7 sampled staff (E) within 10 business days of a change.

Findings:

On at 9:45 a.m., the health and wellness director identified nurse E as the corporate registered nurse who conducted the required resident assessments for the facility's Limited Nursing Service (LNS) license.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

On . . . at 1 p.m., the business office manager said nurse E was hired on . . . .

Review of the facility's online background clearinghouse employee roster on at 1:30 p.m. revealed nurse E was not listed, as required.

On . . . . at 1:45 p.m., the executive director confirmed the findings.

Unclassified