STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	**07/18/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 SE ASTER LANE** **STUART, FL 34994**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure survey was conducted on and 18th, 2018 at Brookdale Stuart, License #8773. The facility had deficiencies identified at the time of the visit.

Note: The Limited Nursing Services (LNS) specialty license survey was conducted on a separate date. Please refer to the report for the findings.

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

Based on interview and record review it was determined the facility failed to ensure that any change in directions for use of a medication that the facility is administering or providing assistance with the self administration of medication was promptly recorded in the resident's medication observation record for 1 of 6 sampled residents observed with medication administration (Resident #9).

The findings include:

During interview and record review conducted with the HWD (Health and Wellness Director), on beginning at approximately 8:25 AM, she acknowledged the MORs (Medication Observation Records) from through did not reflect weekly monitoring of , for Resident #9. She acknowledged the physician's order, dated , indicated decrease , monitoring to weekly. The HWD acknowledged Resident #9's , was monitored on a daily basis prior to , prior to being provided with her anti-hypertensive medication. The label of Resident #9's , 25mg currently reflects hold for pulse less than 60 and , less than .

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review it was determined the facility did not ensure each training certificate included the training provider's name, dated signature and credentials, and professional license number, if applicable for 2 of 3 sampled direct care staff (Staff B and Staff C).

The findings include:

During interview and personnel record review conducted with the BOC (Business Office Coordinator), on

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beginning at approximately 11:00 AM, she was provided the opportunity to locate required training certificates for the following direct care staff:

1) Staff B: date of hire noted as
2) Staff C: date of hire noted as

The BOC acknowledged that printed certificates are not maintained in personnel files and that they are on the computer. She printed 2 training certificates for Staff C so this surveyor could review them for required components. These certificates for Control and Elopement did not contain the training provider's name, dated signature and credentials, and professional license, if applicable. The BOC stated these types of certificates are what their staff receives after completing their trainings online.

Class

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

Based on record review and an interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) annually to the county emergency planning department for review and approval.

The findings included:

On at 11:30 AM, a representative from the county emergency planning department notfied this surveyor that the last Comprehensive Emergency Management Plan for this facility that was approved by the county was dated . The plan had not been submitted for their annual approval as of this date ( ). Review of the current CEMP at the facility revealed the plan was dated .
The annual submission requirement of the facility's emergency plan was discussed with the Executive Director at 12:00 PM on . The facility provided no additional information for review at this time.

Class III