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	AL11964946	**07/24/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD** **MELBOURNE, FL 32901**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on , 2018. Brookdale Melbourne, license #9396, had deficiencies at the time of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interviews, the facility admitted 1 of 7 sampled residents (#16) who exceeded the admission criteria for an Assisted Living Facility (ALF.)

Findings:

Review of the facility's license revealed it held a standard license with Limited Nursing Service (LNS.)

On at 10:27 a.m. caregiver A said resident #16 required total assistance with transferring and her Activities of Daily Living (ADLs.)

Observations made of resident #16 on at 10:54 a.m. revealed she was lying in bed with her eyes closed. She moaned and mumbled incoherently. Caregivers H and I provided her with total assistance when they dressed her. She did not follow their verbal commands and she yelled out with any movement. Caregiver J sat her up on the side of the bed. Her body appeared rigid and her eyes remained closed. Caregiver J placed both of his arms under her arms and lifted her from the bed to a wheelchair. She did not stand or pivot during the transfer.

Resident #16's record revealed a facility admission date of . Her admission 1823 health assessment form, dated on , indicated that she required total assistance of 1-2 people for bathing which exceeded the admission criteria for a resident who was admitted to a facility holding only a standard license with Limited Nursing Services (LNS.)

Her diagnoses included , , , , , , and Mood .

A facility admission note, dated on , indicated that she did not stand.

On at 4:15 p.m., the administrator confirmed the findings.

Class III

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0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observations, record reviews and interview the facility failed to ensure the unlicensed staff (G) who assisted a resident (#17) with self-administered medications followed the correct procedure.

Findings:

On at 11:20 a.m. caregiver G identified herself as an unlicensed caregiver who assisted residents with self-administered medications.

Observations made during a medication pass for resident #17 on at 11:25 a.m. revealed he sat near the medication cart. Unlicensed caregiver G unlocked the cart and removed a medication package. She told the resident the name of the medication then she popped the pill into a medicine cup. She handed the cup to the resident and he took the pill with water and without assistance. She placed the package back into the cart then she signed the Medication Observation Record (MOR.)

Caregiver G did not read the medication label aloud, as required.

On at 11:35 a.m. caregiver G confirmed she did not read the label aloud and said she thought she was required only to tell him the name of the medicine.

Resident #17's record revealed a facility admission date of . A most recent 1823 health assessment form, dated on , indicated that he required assistance with self-administered medications.

Class III

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

Based on record reviews and interview, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for a resident (#15) who received assistance with self-administered medications.

Findings:

On at 9:47 a.m. resident #15 said the facility stored her medications and occasionally she ran out of her medications. She said when that happened she just had to wait for the pharmacy to deliver

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them.

Resident #15's record revealed a facility admission date of . A most recent 1823 health assessment form, dated on , indicated that she required assistance with self-administered medications.

Resident #15's , 2018 Medication Observation Record contained an entry for tablet 10-milligram (mg) give 1 tablet by mouth at bedtime for . The code "09" was charted for the doses on through . The progress notes indicated that on , , and the medication was not on the cart. On , the documentation indicated the facility was waiting for the pharmacy to deliver it.

On at 4 p.m., the administrator confirmed the findings and said the staff requested refills from the pharmacy but the medication did not arrive before they ran out.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 staff (E) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

On at 12 p.m. nurse F identified nurse E as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

On at 4:15 p.m., the business office manager said nurse E began providing nursing services at the facility on .

Nurse E's personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 4:40 p.m., the business office manager confirmed the findings and despite being provided the opportunity to produce the information, she was unable to do so.

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Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on personnel record reviews and interviews, the facility failed to ensure that 2 of 5 sampled staff (B and E) received the required in-service training within 30 days of hire.

Findings:

1. On at 12 p.m. nurse F identified nurse E as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

On at 4:15 p.m. the business office manager said nurse E began providing nursing services at the facility on .

Nurse E's personnel record did not contain documented evidence to indicate he received in-service training within 30 days of employment that covered reporting major and adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , and the facility's resident elopement response policies and procedures.

On at 4:40 p.m. the business office manager confirmed the findings and despite being provided the opportunity to produce the information, she was unable to do so.

2. Personnel record review for staff B, caregiver (date of hire) revealed no certificates documenting training within 30 days of hire for the following required topics: control, emergency preparedness and evacuation training, incident reporting, resident rights.

On at 4:30 p.m. the business office coordinator confirmed the findings.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure that direct care staff had completed a one-time education course on (,) and (Acquired -Deficiency ,), including the topics prescribed in the Section 381.0035, F.S. within 30

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days of employment for 1 of 5 sampled staff (B).

Personnel record review for staff B, caregiver (date of hire) revealed a no certificate documenting training with 30 days of hire for .

On at 4:30 p.m., the business office coordinator confirmed the findings.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on personnel record review and interview, the facility failed to ensure 2 of 5 direct care staff (A & B) received 4 hours of and Related (ADRD) continuing education annually and failed to ensure 1 of 5 staff (E) obtained level 1 training within three months of employment.

Findings:

Observations made on at 9:10 a.m. revealed the facility had a secured memory care unit.

Personnel record review for staff A, caregiver (date of hire) revealed a certificate for ADRD training Level I on , and a certificate for ADRD Level II on . There were no certificates documenting the required 4 hours of annual update training in 2017 and 2018.

Personnel record review for staff B, caregiver (date of hire) revealed a certificate for ADRD training Level I on , and a certificate for ADRD Level II on . There was a certificate for 4 hours of update training on . There were no certificates documenting the required 4 hours of annual update training in 2017 and 2018.

On at 4:30 p.m., the business office coordinator confirmed the findings.
On at 12 p.m. nurse F identified nurse E as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

On at 4:15 p.m., the business office manager said nurse E began providing nursing services at the facility on .

Nurse E's personnel record did not contain documented evidence to indicate he received level I ADRD

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training within 3 months of hire, as required.

On at 4:40 p.m., the business office manager confirmed the findings and despite being provided the opportunity to produce the information, she was unable to do so.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 direct care staff (E) received at least one hour of training in the facility's policies and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

On at 12 p.m. nurse F identified nurse E as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

On at 4:15 p.m., the business office manager said nurse E began providing nursing services at the facility on .

Nurse E's personnel record did not contain documented evidence to indicate he received training in the facility's policies and procedures regarding , as required.

On at 4:40 p.m., the business office manager confirmed the findings and despite being provided the opportunity to produce the information, she was unable to do so.

Class III

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

Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 1 of 5 sampled staff (C).

Findings:

Personnel record review for staff C hired revealed the following certificates were left blank in the

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sections for the instructor's name and credentials, the instructor signature and training location as follows:

1-hour control on
1-hour pre-service training on

On at 4 PM, the business office manager confirmed the findings.

Class

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility who had a license capacity of 17 or more residents, failed to have evidence that a copy of the job description for 1 of 5 sample staff (C).

Findings:

Personnel record review for staff C hired revealed there was no evidence to confirm that a copy of her job description.

On at 4 PM, the business office manager confirmed the findings.

Class

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

Based on record review and interview, the facility failed to obtains weighs semi-annually for 1 of 6 sampled residents (#14) who required assistance with Activities of Daily Living (ADL).

Findings:

Record review for resident #14 revealed a resident health assessment form 1823 dated that noted she required assisted with all of her ADL's.

Review of the weight record revealed the last weight record was in . The weight record noted the resident was refusing to be weighed.

On at 3 PM, the License Practical Nurse confirmed the resident refused to be weighed.

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Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record reviews and interview, the facility failed to ensure a residency contract contained all of the required information for 1 of 2 sampled residents (#14).

Findings:

Review of the contracts for Resident #14 revealed her contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

Further review of the contract revealed it noted, "In addition, not more than thirty (30) days prior to the date of this agreement, and at least annually thereafter or upon our request, you agree to undergo an examination by your physician (or other licensed provider as allowed by law).

The facility required the resident to be assess yearly, rather than every 3 years or after a significant change as required.

On at 3 PM, the administrator confirmed the findings.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record reviews and interview, the facility failed to maintain nursing progress notes and nursing assessments conducted at least monthly for 1 of 3 residents (#15) who received a Limited Nursing Service (LNS.)

Findings:

On at 9:30 a.m. nurse F identified resident #15 and said the resident received a LNS for , care.

Resident #15's most recent 1823 health assessment form, dated on contained an attached order, dated on /8, for , care every shift as needed and every shift for Ostomy care. The

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resident's record did not contain any additional orders from a health care provider for the LNS.

Review of resident #15's , 2018 nursing progress notes revealed there were no progress notes documented from through , through and through . In addition, the monthly assessments completed for a registered nurse did not sign , 2018, , 2018 and , 2018.

On at 2:45 p.m. nurse F confirmed the findings.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on Personnel Record Review, Agency Background Screening website review and interview, the facility failed to maintain the eligibility results of employee background screening as required for 3 of 5 sampled staff (A, B & E).

Findings:

1. Personnel record review for staff A, caregiver (date of hire) revealed no background screen result. Review of the Agency background screening website on revealed Staff A had a status of "eligible" as of .

2. Personnel record review for staff B, caregiver (date of hire) revealed no background screen result. Review of the Agency background screening website on did not reveal this staff person. The business office manager printed a copy of the screening during the survey which revealed a different last name and an eligibility date of 11/ .
On at 4:45PM, staff B confirmed that was her married name.

On at 4:30 PM, the business office manager confirmed she had not printed a copy of the screening results for the file.

3. On at 12 p.m. nurse F identified nurse E as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

On at 4:15 p.m., the business office manager said nurse E began providing nursing services at the facility on .

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Nurse E's personnel record did not contain the results of a background screening, as required.

Review of the Agency's background screening website on at 4:35 p.m. revealed nurse E was eligible on .

On at 4:40 p.m., the business office manager confirmed the findings and despite being provided the opportunity to produce the information, she was unable to do so.

Unclassified

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

Based on review of the facility's clearinghouse employee roster and interview, the facility failed to update the employment status for 3 of 5 sampled staff (B, C and E) within 10 business days of a change.

Findings:

Caregiver B's personnel record revealed a hire date of .

Caregiver C's personnel record revealed a hire date of .

On at 12 p.m. nurse F identified nurse E (4/1/8 Hire date) as the registered nurse who completed the required monthly assessments for the facility's residents who received a Limited Nursing Service (LNS.)

A review of the facility's clearinghouse employee roster on at 3:15 p.m. revealed staffs B, C and E were not listed.

On at 3:24 p.m., the business office manager confirmed the findings.

On at 4:15 p.m., the business office manager said nurse E began providing nursing services at the facility on .

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

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Based on personnel record review, the agency's online background screening website and interview, the facility failed to ensure that 1 of 5 sampled staff (C) was in compliance with background screening requirements before hire.

Findings:

Personnel record review for staff C revealed she was hired on . Further record review for staff C revealed that a background screening printout dated she was not eligible to work at the facility.

On at 2 PM, staff C confirmed she was providing care to the residents of the facility.

Review of the agency's online background screening website at 3 PM revealed the results were not eligible for staff C.

On at 4 PM, the business office manager said she had just printed the results and found that staff C was not eligible.

Unclassified