STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965713	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE HIGHLANDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4250 LAKELAND HIGHLANDS RD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey with Limited Nursing Services (LNS) was conducted on .

The Brookdale Highlands, Assisted Living Facility /License #10064, had deficiencies at the time of this visit.

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

Based on record review and interview, the certification documentation for three of three staff sampled (A-C) was incorrect with respect to at least two (2) areas of training received.

Findings include:

A personnel file review during the inspection revealed that Staff A and B both received documented verification that they had obtained training in resident behavior and needs and providing assistance with activities of daily living (ADLs) on . A review of Staff C's personnel record indicated that she had taken the training . However, further review of all three (3) certificates found that the training was only for 70 minutes and not for the required 3 hours as stipulated by regulation. In addition, review of these employees' files found that all three (3) had training certificates for / stating "0 contact hours." Interview with the administrator at 2pm on indicated that "another part" of the behavior/needs and ADL training that had been filed elsewhere, while she believed there had been a misprint with respect to the documents.

Class III