STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	**08/14/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEKIWA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) was conducted on . Brookdale Wekiwa springs had deficiencies at the time of the visit.

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

Based on resident record review and interview, the facility failed to maintain an accurate AHCA Form 1823 Health Assessment completed by the healthcare provider for 2 of 6 sampled residents (#1 and #7) who requires assistance with Activity of Daily Living (ADLs).

Findings:

1. Resident #7's record revealed an 1823 Health Assessment dated that was missing the page 2.

Furthermore, page 2 of the 1823 Health Assessment contains important questions regarding ADLs, meal diet, and questions about communicable , bedridden, any ,3, or 4 pressure sores and if the resident pose danger to self or others and if the resident is requiring 24 hour nursing or , care?

On at 1 PM, an interview with the Health and Wellness Director who confirmed the finding.

2. Resident #1's record revealed a facility admission date of . A most recent 1823 health assessment form, dated , indicated that she required 24-hour nursing or , supervision.

On at 2:05 p.m. the health and wellness director confirmed the findings and said the information pertaining to the nursing or , supervision on the 1823 was incorrect.

Class III

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

Based on resident record review and interview, the facility failed to obtain a new AHCA Form 1823 Health Assessment as required for a significant change and for 1 of 6 sampled residents (#3).

Findings:

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Review of resident #3's record revealed an admission date of . The resident had a significant change on and was admitted to Hospice care. The last 1823 Health Assessment was dated .

Further review revealed the original admission 1823 Health Assessment was not on file.

During an interview on at 1:30 PM, with Health and Wellness Director who confirmed the finding.

Class III

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

Based on resident record review and interview, the facility failed to maintain a written record of significant change for 1 of 6 sampled residents (#3); and there was no documentation that the family representative and healthcare provider was notified of the significant change as required.

Findings:

Resident #3's record review revealed no documentation of the significant change. There was no documentation in the record that the family or primary physician was notified of the significant change.

In addition, the record did not contain facility documentation regarding a on the resident's .

On at 1:30 PM, an interview with the Health and Wellness Director who confirmed the finding.

Class III

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 (A) who assisted a resident (#11) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #11 on at 12:35 p.m. revealed

unlicensed caregiver A unlocked the medication cart, removed a medication package from the cart, popped a pill into a medicine cup, placed the package back into the cart then she locked the cart. She took the pill to resident #11, who was sitting in the , and handed her the cup. The resident took the pill without assistance.

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

On at 12:45 p.m. caregiver A confirmed the findings.

Class III

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

Based on record review, medication observation record (MOR) reviews and interview, the facility failed to make every reasonable effort to ensure prescriptions were refilled in a timely manner for 1 of 6 sampled residents (#9) who received assistance with self-administered medications.

Findings:

On at 10:15 AM resident #9 said she had ran out of medications and was currently out of a medication, she said she could not remember the name of the medication.

Review of the and Electronic MORs for resident #9 revealed for some days there were staff initials in the spaces and a "9" the MOR noted the "9" meant other/see nurses notes, examples are as follows:

Nuedeta 20-10 milligrams (mg) give 1 capsule one time a day for - on 7/1 and 7/2, 7/9 through , through , through , 8/4 through 8/6, 8/8, 8/9, , and at 0500.

, Patch 72 hours apply 1 patch , one time a day every 3 days for and remove per schedule on 7/1, 7/4, 7/7, , , , , , , , , 8/3, 8/6, 8/9 and . Remove-0859 and Apply 0900. The resident did not have the medication for the or .

On at 3 PM, the health and wellness director provided a non-covered medication notification dated from the pharmacy that noted 20-10 mg take 1 capsule once a day for

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, it "noted this fill was canceled by BNEW because the number of emergency fills allowed per facility instructions for Non-covered medications has been exhausted".

Action: Pharmacy has initiated prior authorization.
There was also a facility fax attached that was dated to the health care provider with the non-covered medication notification attached. On the form it noted it was refaxed on . The Health and Wellness director said at the time, the medication was not covered by the insurance. She said there was no follow up documentation regarding the response from the health care provider.

Record review revealed for resident #9 revealed a Non covered medications from the pharmacy that noted on the following medication is not paid for by this resident's insurance plan unless authorized by the plan:

25 mg-1 three times daily.

The alternative listed would be covered: , Patch 72 hours apply 1 patch , every 72 hours.
Further record review revealed there was no nurses notes to indicate what the "9" meant nor was there documentation to confirm that the facility had made any reason effort to contacted the health care provider to inform him that the medication that was ordered, was not covered by the insurance and to discuss alternative medication.

On at 3:30 PM, the wellness director confirmed that the medications were not given because they were not covered by the resident's insurance. She said she could not locate any nurse's note regarding the efforts made to have the medications refilled.

Class III

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

Based on record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing unlicensed staff (F) to apply a leg brace to a resident (#1) who received a Limited Nursing Service (LNS), failed to ensure 2 of 5 personnel records (A and B) contained documentation of a negative ( ) exam on an annual basis and 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.

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Findings:

Review of the facility's posted license on revealed the facility held a LNS specialty license.

On at 9:30 a.m. the health and wellness director identified resident #1 and said she received a LNS for a leg brace.

1. Observations made of resident #1 on at 10:30 a.m. revealed she wore a brace on her left lower leg. Unlicensed caregiver F and the health and wellness director were both present at the time of the observations. Caregiver F said she applied the resident's leg brace that morning, which was a task an unlicensed caregiver was not permitted to do.

Nurse E's personnel record contained a hire date of . The record contained an undated written statement documenting freedom from communicable . In addition, the signature of the health care provider was illegible and the form did not contain any identifying information for the provider to assist in identifying the signature.

On at 3:30 p.m. the business office manager confirmed the findings.

2. Staff B's personnel record review revealed date of hire . There was no evidence of a 2018 annual examination or an updated Chest X-ray was completed. The last Chest X-ray on file was with an expired freedom from communicable statement dated .

On at 3 PM, an interview with the Business Office Manager who confirmed the finding.

3. Personnel record review for staff A hired had no documentation to confirm she was free from annually. The last documentation available for review was dated (due).

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

Class III

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

Based on observation and interview the facility failed to ensure that 1 of 5 sampled staff (A) received the required in- service training within 30 days of hire.

Findings:

Personnel record review for staff A hired revealed she was a caregiver who also served food, there was no evidence that she had received core training. There was no documentation to confirm she had obtained training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and a 1-hour-training in safe food handling practices.

The emergency procedure training noted it was received at another facility.

Further personnel record review revealed there was no documentation to confirm she had received 3 hours of in-service regarding the following:

Resident behavior and needs and providing assistance with the activities of daily living.
There was a certificate for providing assistance with Activities of daily living that was for only 70 minutes.

On at 3:30 PM, the business office manager confirmed the findings.

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 (A).

Findings:

Personnel record review for staff a hired revealed the following certificates were left blank in the sections for the instructor's name and credentials, the instructor signature and training location as follows:

1 hour control on
1 hour do not resituate on

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Elopement on
Incident reporting on
70 minutes Resident behavior and needs and providing assistance with the activities of daily living

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

Class

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

Based on observations and interviews, the facility failed to provide and maintain carpets free of stains and a home-like and decent environment in which to provide a safe living environment.

Findings:

Observations on at 10:15 AM in revealed the carpet was stained throughout the .
Further observations revealed there was paint peeling off of the wall and there was metal exposed on the wall.
On at 4 PM the administrator said they were currently working on making improvements to the facility.

A tour of the facility's memory care unit was conducted with the health and wellness director on at 10:15 a.m. and observations made revealed the carpet throughout the unit contained stains, the ceiling in the resident's a brown stain, the ceiling in A contained a brown stain and dried rice and corn were on the entry way floor in . In addition, resident #2 was sitting in her wheelchair in the . Her wheelchair contained dried food and spills on the wheels and frame.

During the tour the health and wellness director confirmed each finding.

Class III

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

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Based on record reviews and interviews, the facility failed to ensure 2 of 2 sampled resident contracts (#1 and 3) contained all of the required information.

Findings:

Resident #1's residency agreement, dated , did not contain the required provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant.

On at 3:15 p.m. the administrator confirmed the finding.
Resident #3's record review revealed missing the written provision or missing documentation that residents must be assessed upon admission into the facility, and thereafter every 3 years and at a significant change as required.

On at 4 PM, an interview with the Business Office Manager who confirmed the finding.

Class

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on observations, record reviews and interview the facility failed to obtain an order from a health care provider to provide a Limited Nursing Service (LNS) to 1 of 12 sampled residents (#1).

Findings:

Review of the facility's posted license on revealed the facility held a LNS specialty license.

On at 9:30 a.m. the health and wellness director identified resident #1 and said she received LNS for a leg brace.

Observations made of resident #1 on at 10:30 a.m. revealed she wore a brace on her left lower leg. Caregiver F said she applied the brace that morning.

Resident #1's record contained an 1823 health assessment form, dated , that indicated she had a left foot brace. The form nor the record contained additional orders from a health care provider regarding the brace.

The facility's LNS log indicated resident #1 began receiving LNS for the brace on and the

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service frequency was daily.

On at 1:55 p.m. the health and wellness director said the resident's brace was applied every morning and removed every evening and the staff observed her skin for or irritation from the brace. In addition, she said the facility did not have an order from a health care provider prescribing the specific services being conducted by the facility.

Class III

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

Based on personnel record reviews, review of the Agency's background screening website and interview, the facility failed to maintain the current results of a background screening in the personnel record for 1 of 5 staff (D) who was in a role that required a background screening.

Findings:

Administrator D's personnel record revealed a hire date of . The record only contained eligible background screening results dated however, review of the Agency's background screening website on at 3:15 p.m. revealed administrator D had a more current eligible screening on

On at 3:45 p.m. the business office manager provided a copy of the results however, the copy indicated the results were printed on , which was the date of the survey.

Unclassified