STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	R 09/25/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 EAST MINNEHAHA AVENUE** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On , 2018, an unannounced follow up to biennial re-licensure survey was conducted at Brookdale Clermont Assisted Living Facility (License #9139). Deficient practice was identified at the time of the survey.

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

Based on observation, interview and record review, the facility failed to ensure staff was qualified to perform their assigned duties consistent with their level of education, training, preparation and experience.

Findings:

On at 9:47 AM, an observation was made of Staff A, Resident Care Associate, who was being assisted by Staff B, Med Aide Tech, for performing , care on Resident #1. Staff A was observed to wipe the female resident (Resident #1) starting at the and wiping down toward the , area multiple times with the same cloth. Then Staff A touched the resident's clothes and bedding, removed gloves and walked out of the washing his hands. Staff B also touched bedding and the resident's clothes with dirty gloves, then removed gloves and touched the resident's cup and straw to give the resident a drink before washing her hands.

On at 9:49 AM, an interview was conducted with Staff A, Resident Care Associate. When asked why he was wiping Resident #1's , area from the down toward the , area and did not use a clean cloth for each , he stated: "I thought I was doing it the right way." He also confirmed that he touched the resident's clothes and bedding before removing gloves and did not wash or sanitize hands before leaving the , therefore touching doorknobs with dirty hands.

On at 9:49 AM, an interview was conducted with Staff B, Med Aide Tech. When asked what she saw when assisting Staff A, Staff B stated: "He was wiping Resident #1 the wrong way from back to front instead of front to back." Staff B confirmed she did not wash her hands immediately after removing dirty gloves and touched the resident's personal items including her cup and straw.

On at 10:08 AM, a second observation was made of Staff A, Resident Care Associate, providing , care for Resident #2. Staff A guided the resident to , donned gloves, assisted the resident in pulling down pants, and removed disposable brief and shoes. Staff A removed gloves, allowed time for privacy and brought the resident new pair of pants. Staff A never washed his hands after

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removing gloves. Staff A donned new gloves and began providing , care using wipes , making downward from the top of . When asked what he was doing, he stated he was removing something from area and not near . He then began to provide , care using correct technique front to back. Staff A never removed gloves and proceeded to pull up new brief, pants, shoes, and adjust sweater and bring walker closer to the resident. Staff A removed gloves and proceeded to comb the resident's hair. After he finished ◡ ◡ the resident, he washed his hands and removed the hamper from .

On at 10:08 AM, an interview was conducted with Staff A, Resident Care Associate, who stated, "I didn't realize I didn't wash my hands after removing gloves, I thought they were clean."

On at 9:49 AM, an interview was conducted with the Health and Wellness Director, who confirmed it was the facility policy to wipe female residents front to back when staff perform , care. She also confirmed that it was the facility policy and standard practice to remove dirty gloves and immediately wash hands before touching the residents or their personal items.

Record review of the facility policy and procedure titled " Care-47" shows: "Suggested guidelines: (5) For women wipe ◡ area first (front to back), then area (between) last, while using a clean area of the wash cloth for each . (12) Remove and dispose of gloves (13) Wash hands."

Record review of the facility policy and procedure titled "Handwashing/Hand Hygiene CS 50-6 last revised " shows: "(G) Use an -based hand rub containing at least 62% ; or alternatively, soap and water for the following situations: (13) After removing gloves, (2) Before and after direct contact with residents, (8) Before moving from a contaminated body site to a clean body site during resident care. (H) Hand hygiene is the final step after removing and disposing of personal protective equipment. (I) The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated ."

Class III

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

Based on record review and interview, the facility failed to document First Aid training certificates in the personnel files for 3 out of 4 sampled direct care staff members (Staff G, Staff I, and Staff F).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

A record review was conducted for direct care Staff G, Staff I, and Staff F. The personnel files did not contain current first aid certificates.

A record review of the policy titled " . . . . . (.) and First Aid Certification ID-5 with effective date 2014" shows under Policy Detail (2.): "The and first aid certification training will be completed prior to being independent in providing direct care to residents. (3.) Documentation of the and first aid training will be kept in the associates employment file."

On at 12:05 PM, an interview was conducted with the Health and Wellness Director, who stated she was not able to locate First Aid certificates for direct care Staff G, Staff I, and Staff F.

Class III