STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 GREENBORO DRIVE MELBOURNE, FL 32904**	

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

0000 - Initial Comments

On . . . . . , the Relicensure survey including Limited Nursing Services was conducted at Brookdale West Melbourne Assisted Living Facility, License #8835. There was deficient practice identified during the survey.

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff had documentation of annual assessment for ( ) (B), and 1 of 5 sampled staff had documentation for freedom from communicable . . . . . that were completed by their health care providers (D).

Findings:

1. Personnel record review for caregiver B revealed the last documentation to confirm she was free from was dated . Updated documentation was due by . . . . . On . . . . . at 3 PM, the business office manager confirmed the findings.

2. Personnel record review for staff D, hired on , revealed a facility form entitled "Associate Surveillance Questionnaire", dated . . . . . There was a check mark next to "associate appears to be free from clinical symptoms of ". The review did not reveal any evidence to confirm free from communicable . . . . . .

On . . . . . at 3 PM, the Business Office Manager said the examiner forgot to give the freedom from communicable statement, and she overlooked it.

Class III

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

Based on personnel record review and interview, the facility did not provide or arrange for 1 of 5 sampled staff to receive the mandated in-service trainings (D).

Findings:

Personnel record review for staff D, who transferred from another area within the corporation on

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, revealed a certificate of training dated that indicated 111 minutes (1 hour and 51minutes) of in-service regarding control. There was no evidence to confirm staff D attended 3 hours of training regarding control, universal precautions and facility sanitation procedures. There was no evidence she was a nurse, a certified nursing assistant (CNA), or home health aide (HHA), therefore exempt from this requirement.

A certificate dated indicated major adverse incidents and emergency procedures from a facility in Gainesville. There was no evidence to confirm she attended an in-service training regarding the facility's emergency response policies and procedures, including chain of command.

On at 3 PM, the Business Office Manager said that she did not realize the training was for less than the required hours, and confirmed staff D was not nurse, a CNA or HHA, and she had no other documentation available.

Class III

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

Based on personnel record review and interview, the facility maintained a secure area, failed to ensure that 1 of 5 sampled staff who provided direct care to residents with 's and Related (ADRD) obtained 4 hours of initial training within 3 months of employment (C), and 1 of 5 sample staff who provided care had the additional 4 hours of training that was provided by an approved ADRD Trainer annually (B).

Findings:

1. Personnel record review for staff B, hired , revealed the last ADRD annual update certificate was dated . Updated certificates were due by and .

2. Personnel record review for staff C, hired , had a 4 hour training certificate dated . Reviewing the certificate, there was no way to determine if the person who signed the certificate was an approved trainer.

On at 3 PM, the business office manager confirmed the findings. She said she had no documentation to confirm that the person who signed staff C's certificate was an approved trainer.

Class III

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

Based on personnel record review and interview, the facility did not provide or arrange for 1 of 5 sampled staff to attend a 1 hour in-service training regarding the facility's ( ) policies and procedures (D).

Findings:

Personnel record review for staff D, who transferred from another area within the corporation on , revealed a certificate of training dated that indicated an in-service training on policies and procedures from a facility in Gainesville, Florida.

On at 3 PM, the Business Office Manager said that she did not realize the training needed to be specific to the facility's policies and procedures.

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on personnel record review and interviews, the facility altered the personnel records for 1 of 5 sampled staff in an attempt to be in compliance with statutory requirements (D).

Findings:

Personnel record review for staff D, who transferred from Gainesville, Florida within the corporation on , revealed a certificate of training dated regarding control, a certificate dated regarding Do Not Rescusitate Order ( ) policies and procedures, and a certificate dated regarding control. The certificates were signed by the facility's former Business Office Manager, who had resigned in , which at that time, staff D was not employed at this facility but was still at the Gainesville facility.

The administrator stated the Business Office Manager did not travel to Gainesville to do in-services over there. On at 3:15 PM, the Business Office Manager said she did not know how those documents got in the file.

Class III

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

Based on record review and interview, the facility failed to ensure nursing progress notes were maintained for 1 of 2 sampled residents who received Limited Nursing Services (LNS) (#1).

Findings:

During the facility entrance on at 9 AM resident #1 was identified as receiving LNS for the application and removal of Spandagrips, tubular elastic support bandages.

Resident #1's health assessment report 1823, dated , listed diagnoses of type 2 , high and . A healthcare provider's order, dated , indicated Spandagrips to the right and left , remove at bedtime, and reapply in the AM.

Resident #1's record revealed the LNS notes dated from until current date for the application and removal of the Sanadgrips were not maintained each time the service was provided. The notes were scarce and erratic and did not always described the service provided and the outcome of the service. At times no notes written for several days. These are some examples there were no nursing notes on , , , from to , to , from to in AM, , and . At times there was one note in the AM, and at times one note in the PM: and AM only, on , , and PM only.

On at 3:30 PM, the Health and Wellness Director stated that those were the only notes he found.

Class III