STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	07/25/2018
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 , , through , , , an unannounced biennial relicensure survey in conjunction with Limited Nursing Services survey was conducted at Brookdale Clermont Assisted Living Facility (License #9139). Deficient practice was identified during 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 10:46 AM, an observation was made of Staff A, Resident Care Associate, performing , care on Resident #16. Staff A was observed wiping the female resident's , area from to front reaching through the front of her to wipe from to .

On at 10:46 AM, an interview was conducted with Staff A. He confirmed that he was wiping the female resident from area to the , area (to front) and this could be harmful to the resident by bringing from the area to the , area. He confirmed females should be wiped from front to to prevent .

On at 11:30 AM, an interview was conducted with Staff D, Health and Wellness Director. She confirmed it was the facility policy to wipe female residents front to when staff are performing , care.

Record review of " Care-47" Policy was conducted. Clause (5) of Suggested Guidelines reads: "For women, wash area first (front to), then area (between last), while using a clean area of the washcloth for each .

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure 1 of 3 sampled staff members (Staff C) completed a course in First Aid and and held a currently valid card. The facility also failed to ensure at least one staff member per shift with documentation of completion of such a course was in the facility at all times.

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Findings:

An employee record review was conducted for staff C, Resident Care Associate. No valid First Aid and certificate was found for staff C. Record review revealed the facility did not have at least one staff member, who had completed a First Aid course and who held a current valid card documenting completion of such course, in the facility at all times.

Record review of the facility policy entitled "First Aid Policy-ID-5" effective was conducted. The policy reads: "Policy Overview: There shall be one associate on site at all times who has current certification in -, , ( )-Healthcare Provider, and first aid specific to adults. Policy Detail, 3- Documentation of the and first aid training will be kept in the associates employment files."

On at 2:20 PM, an interview was conducted with Staff D, Health and Wellness Director, who confirmed the facility did not have one associate on site at all times that holds a current certification in first aid or documentation of first aid training in the associates' employment files.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure Comprehensive Emergency Management Plan (CEMP) was submitted to and approved by the local emergency management agency on annual basis.

Findings:

A record review on revealed no evidence that the facility had submitted their CEMP to the local emergency management agency for annual review and approval, or that an approval letter from the emergency management agency had been received by the facility.

On at 1:45 PM, an interview was conducted with Staff E, Business Office Coordinator. When asked if she had the approval letter from the local emergency management agency, she stated she was still awaiting the fire safety letter, which was needed to send in with the CEMP.

On at 2:50 PM, the Business Office Coordinator confirmed she had just received the fire safety letter today and had sent the facility's CEMP in for review by the local office of emergency

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SUMMARY STATEMENT OF DEFICIENCIES
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management. She confirmed the submission was late and that no approval could be obtained until the agency's review was complete.

Class III