STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **EASTBROOKE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 SUNSET DRIVE** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on . . . . . , ... Eastbrooke Gardens, license #5355, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interviews, the facility failed to ensure that 1 of 4 sampled caregivers (C) completed at least 2 hours of preservice orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility and failed to ensure the personnel record for 1 of 4 sampled caregivers (B) contained a signed statement to indicate the preservice orientation was completed.

Findings:

Caregiver B's personnel record revealed a hire date of .

Caregiver C's personnel record revealed a hire date of .

Caregiver B's record contained a statement, dated , that indicated she received a 2-hour preservice orientation however, the statement was not signed by the administrator, as required.

Caregiver C's record did not contain a statement signed by the employee and the administrator to indicate she completed the required preservice orientation.

On at 11:38 a.m. the business office manager confirmed the findings and was unable to provide additional documentation.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interviews, the facility failed to ensure a staff member who held a current valid . . . . , ... , ... (.) and First Aid card was in the facility at all times.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **EASTBROOKE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 SUNSET DRIVE CASSELBERRY, FL 32707**	

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

Review of the facility's staffing schedule revealed that on 11/13/18 from 11 p.m. to 7 a.m. caregivers D, E, F and G were the only staff who worked on that shift.

On at 12:50 p.m. the administrator said the schedule was accurate.

On at 1 p.m. an opportunity was given to provide a valid and first aid card for any one of the caregivers however, the business office manager said none of the caregivers held a valid and first aid card.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, record reviews, review of Florida health finder and interview, the facility failed to acquire services or have a process necessary to maintain and test its alternate power source, failed to develop written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source, failed to acquire monoxide alarms and failed to, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and when the plan was implemented.

Findings:

Review of the facility health finder website on at 9:22 a.m. revealed the facility's emergency environmental control plan was approved by the local emergency management agency on and the facility implemented its plan on .

The approved plan indicated that the power source would be a 60 kw type 2 diesel generator and a 500 gallon fuel tank would be installed to store the required amount of fuel on site however, the consumer friendly summary created by the facility and submitted to the Agency indicated that the alternate power source would be a 9,000 surge watts portable generator. Therefore, the summary submitted to the Agency did not accurately reflect the information that was approved by the County.

On at 9:51 a.m. the administrator said the facility did not, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **EASTBROOKE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 SUNSET DRIVE** **CASSELBERRY, FL 32707**	

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

submitted for review and approval and when the plan was implemented and the facility did not develop the required policies and procedures.

On . . . . at 10:08 a.m. observations made with the maintenance director revealed there were three 9,000 watt portable generators stored in an outside shed. The generators used gasoline for fuel. The maintenance director said there was no gasoline stored on site and in the event the generators had to be used, he would obtain gas from a local gas station. He said there were no monoxide alarms installed and the facility did not have a process or system in place to maintain and test the generators.

On . . . . at 10:27 a.m. the administrator said the facility had nine portable air conditioners onsite as opposed to the eleven that was indicated in both the approved plan and the summary. She said two units were on . . . order.

On . . . . at 11:50 a.m. observations made with the maintenance director revealed the facility had eight portable air conditioners on site.

Class III