STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	R 12/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	**7300 GREENBORO DRIVE MELBOURNE, FL 32904**

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

0000 - Initial Comments

A revisit to the re-licensure survey including Limited Nursing Services was conducted on . Brookdale West Melbourne, license #8834, had deficiencies at the time of the investigation.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility did not provide or arrange for 2 of 3 sampled staff to receive the required in-service trainings (D & F).

Findings:

Personnel record review for staff D, who transferred to the facility from another area within the corporation on , did not revealed a certificate for training regarding the facility's elopement policies and procedures.

Personnel record review for staff F, hired as a caregiver on , did not reveal a certificate for the required 2 hr. Preservice Orientation, which should include resident's rights, the facility's license type and services offered by the facility, and must be completed prior to interacting with residents and signed by the administrator and the employee.

On at 11:20 AM, the Business Office Manager and administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to ensure nursing progress notes were maintained for 1 of 1 sampled residents who received Limited Nursing Services (LNS) (#5).

Findings:

During the facility entrance on at 10 AM resident #5 was identified as receiving LNS for the

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application and removal of .

Resident #1's record contained a healthcare provider's order, dated for .
Resident #1's record revealed the LNS notes showed 2 entries dated . Neither entry had any information recorded. The entry for morning note documented, "AM BLE in wash. Skin intact." The note for in the evening documents "PM No on this shift." Notes from showed several instances documenting the were not washed and therefor not place in the AM.

On at 10:30 AM, the Health and Wellness Director (HWD) stated they only were provided with one pair of from the resident ##1's legal guardian. He said the policy was for the 2nd shift nurse to remove the and wash them so they would be clean and dry for the morning shift to put them on the resident. He further stated, if the 2nd shift had not washed them, it was to be done by staff on the overnight shift. The HWD confirmed the entries reflected the application and removal of the was not being done consistently.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to maintain the signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, referenced in subsection 59A-35.090(2), F.A.C., in the employee's personnel file for 1 of 3 staff reviewed (F).

Review of the personnel record for staff F, a caregiver hired on , revealed a Level 2 background screening result with an eligibility date of . The record did not contain a signed Attestation of Compliance documentation.

On at 11:10 AM, the Business Office Manager confirmed the finding.

Unclassified