STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	R 12/03/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Services was conducted on . . . . . Brookdale Lake Orienta, license #9795, had deficiencies at the time of the visit.

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

Based on staff schedule review, personnel record review and interview, the facility failed to ensure a written job description was maintained in the personnel files for 1 of 4 records reviewed (K).

Findings:

Review of the direct care staff schedule for the week of . . /2018 revealed staff K scheduled to work as a resident aide on from 3-11pm.

Review of the personnel record for staff K, hired , did not reveal a job description for her role as a resident aide in her file.

On . . . at 2:30 PM, the assistant executive director confirmed the finding.

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 sampled staff (E) to attend a 1 hour in-service training regarding the facility's elopement response policies and procedures, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Findings:

Personnel record review for staff J, hired on . . . , a resident aide did not reveal any documentation for a 1 hour elopement in-service at Brookdale Lake Orienta.

On at 2:30 PM, the assistant executive director confirmed the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	R 12/03/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

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

Based on personnel record review and interview, the facility failed to ensure 1 of 4 direct care staff (J) received 4 hours of and Related (ADRD) continuing education annually.

Findings:

Observations made on revealed the facility had a secured memory care unit.

Personnel record review for staff J, caregiver (date of hire), revealed certificates for Level 1 & 2 4 hour ADRD trainings dated . There were no certificates documenting the required 4 hours of annual update training in 2018.

On at 2:30 p.m. the assistant executive director confirmed the findings.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review, Agency Background Screening website review and interview, the facility failed to maintain the current background screening eligibility status in the personnel record for or 2 of 4 sampled staff employees (B, E)

Findings:

Review of the personnel record for staff B, caregiver hired on , had a level 2 background screen result in her record with an eligibility date of , which is expired. Review of the Agency background screen website for staff B revealed a new eligibility date of .

Review of the personnel record for staff E, registered nurse hired on , had a level 2 background screen result in her record with an eligibility date of , which is expired. Review of the Agency background screen website for staff E revealed a new eligibility date of .

On at 2:30 PM, the assistant executive director confirmed the new results were not in the personnel files.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	R **12/03/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LAKE ORIENTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **217 BOSTON AVENUE** **ALTAMONTE SPRINGS, FL 32701**	

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

Unclassified