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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965474</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>11/14/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WEKIWA SPRINGS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>203 S WEKIWA SPRINGS ROAD<br/>APOPKA, FL 32703</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Complaint investigation #2018013380 was conducted on . . . . . Brookdale Wekiwa Springs, license #9829, had deficiencies at the time of the investigation.</p> <p><b>0030 - Resident Care - Rights &amp; Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27</b></p> <p>Based on resident call bell response log review and interviews, the facility failed to provide resident's right to a consistently timely response to call bells for care and assistance.</p> <p>Findings:</p> <p>During a tour of the facility, residents were asked about their care and specifically, if they call for help how long it takes to get a response. The vast majority of the resident interviewed stated they had no issues with the response times, but the response times were slower in the evening.</p> <p>On . . . . . at 10:05AM, a med tech working on the first floor of the facility explained the call system, showed the pager and how it displays information about the call. She also stated every care staff member in the facility hears and sees the same calls. She said when a resident pulls the cord or presses their pendant, the call comes to the pagers. She can see the room, the name and the location in the room where the cord was pulled. If she is unavailable, she uses the phone to call other caregivers for assistance. When she responds to the resident, she resets the system.</p> <p>On . . . . . at 10:20 AM, resident #3, who received assistance with activities of daily living, lives in an apartment with her husband, who is independent. The husband reported the wait times were excessive when they call for help and sometimes no one ever comes. He stated specifically the previous night ( . . . . . ) they called several times when resident #3 had . . . . . , but no one ever came, she seemed fine and finally went to sleep.</p> <p>On . . . . . at 12:05 PM, the administrator provided the call bell response log for the past 7 days. She said their system only goes . . . . . 30 days and she could not provide the response log for early . . . . . as requested.</p> <p>In reviewing the log for calls from resident #3 on the evening of . . . . . , the log showed a call from resident #3's bedroom at 8:02 PM. No response was received as of 8:47 PM. The call was listed as "never responded to." Another call at 8:15 PM from resident #3's pendant, also listed as "never responded to." Another call at 9:00 PM from resident #3's pendant was also "never responded to" as of</p> |                                                                                                |                                                     |

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| <p>9:45 PM.</p> <p>Review of the SMART care call bell response log for the period of 11/ /18 revealed a total of 251 calls for assistance from residents in the facility. Of the 251 calls, 55 of these were listed as "Response required but not received as of (time of day). This alert was never responded to." The day shift (7am-3pm) showed a total of 88 calls, with 73 responses. The average response time was 14.1 minutes. The "no response" rate was 17.0%.</p> <p>The 2nd shift (3pm-11pm) showed a total of 98 calls, with 64 responses. The average response time was 16.2 minutes. The "no response" rate was 34.7%.</p> <p>The night shift (11pm-7am) showed a total of 65 calls, with 59 responses. The average response time was 10.7 minutes. The "no response" rate was 9.2%.</p> <p>Continued review of the call responses showed an average response time of 9.2 minutes when viewed by shift. However, the "no response" rate for the week of showed 21.9% of the calls from residents received no response.</p> <p>At 1:55PM on , the administrator explained the log shows the time the call was placed, the name of the resident, the room number and the location within the room. She further explained the calls are announced on the pagers each care staff member carries. The pager beeps when a call is received and displays the location, name and time of the call. If, after approximately 4 minutes the call has not been cleared by a staff member, the announcement repeats. It will repeat up to 9 times, after which the system log shows "This call was never responded to."</p> <p>At 2:30 PM on , the administrator stated she knows there is an issue with the demand for showers and bedtime medications, and the same happens in the morning with meds and showers, and they are considering ways to stagger their caregiver schedule to accommodate those needs. She also stated there are limits to the current call response log that do not show when a call listed as "never responded to" was actually addressed. Additionally, she said there are times when the caregivers forget to reset the pull cord or pendant, which would also show as "never responded to" on the log.</p> <p>Class III</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on facility record review and interview, the facility failed to have an approved Emergency Power Plan (EPP) as required by 58A-5.036 FAC.</p> |                                                                                                |                                                     |

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| <p>Findings:</p> <p>Review of the facility documents did not find an emergency power plan approval letter.</p> <p>Upon request to review the EPP approval plan and letter from the county OEM, on at 12:15 PM, the administrator stated the plan had been submitted but they did not yet have an approval letter.</p> <p>Class III</p> |                                                                                                |                                                     |