STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	**01/04/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SUNRISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4201 SPRINGTREE DRIVE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on - at Broward Sunrise, License # 7433. The facility had deficiencies identified at the time of the survey.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview and record review, the facility failed to ensure that activities are implemented as scheduled. The facility failed to encourage residents to participate in social, recreational, and other activities in the facility.

The findings included:

On at 09:00 AM - 03:30 PM an observation was made of the activity room on the first floor of the facility. It was determined that the scheduled activities listed on the activity calendar did not take place.

During random confidential resident interviews conducted on through , it was revealed that the activities scheduled are not appealing and that they would like to see more of a variety offered . It was also revealed that the activities are not attended because they are boring, except for BINGO when offered.

On at 10:30 AM, an interview was conducted with the Activity Director. She stated the activities did not take place on yesterday because she was out. She stated she did not have a -up Director or Assistant. At this time, the residents were preparing to participate in chair exercise. There were 5 residents present of 141 total residents in the facility. The Activity Director stated she only has about 5 residents in all the activities except BINGO. When asked, how does she encourage the participation; she stated she puts up the activity calendar in the elevators.

On at 11:00 AM, an interview was conducted with the Operations Director. She stated that the facility may look into having an Activities Assistant.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and record review, the facility failed to honor resident rights by it's failure to

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document and respond to resident's grievances in a timely manner for all residents .

The findings included:

A review of the facility policy indicated that they are to log all grievances , issue or concerns in the Grievance Log Book. The Director of Operations is responsible for investigating those concerns and conveying the outcome to the complainant. The date of the resolution should be recorded on the tracking log form.

On at 09:50 AM, the Surveyor was standing in the first floor Wellness Center. A family member came into the office and began to express his anger about the sudden of his mother over the weekend. He spoke to the Nursing Supervisor on duty. He demanded to know what happened to his mother. He stated the Nurse had told him the day that she passed, she was doing fine; but he later learned that she had out of bed and on herself. He stated he had called over the weekend and he hadn't gotten a satisfactory answer. A review of the grievance log was conducted. It was revealed that this concern had not been documented.

On at 10:00 AM, an interview was conducted with Resident # 1. He stated on , he notified staff that his air conditioning in his room was not working. He stated the air conditioning was not repaired until by Maintenance. He stated he was never given an explanation as to why it took them so long. He stated he was very uncomfortable for those 3 days. A review of the weather history indicated the temperature was 81 degrees during those 3 days.

A review of the Grievance Log Book for the year 2018 revealed no grievances had been logged for the following months: , , , , , , and . The log revealed one grievance documented for the following months: , , and .

A review of the Resident Council Minutes for the year of 2018. There was a meeting held every month by the residents. There were numerous complaints regarding the environment, nursing, dietary, and customer service concerns. It was revealed that the residents were voicing their complaints.

On at 11:00 AM, a side-by-side record review and interview was conducted with the Regional Operations Director. She reviewed the grievance log and stated that it was not likely that there weren't any grievances for the above mentioned months. She went on to say that the log may not have been maintained and updated properly. When asked about the broken air conditioning system in the room of Resident # 1. She stated that they have all repairs logged on an electronic system. She stated she did not find this maintenance request. She did not document the concerns shared by the family

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member mentioned above until Surveyor intervention. She acknowledged that they would improve on the grievance tracking process.

Class

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that medication are stored in a safe and secure manner.

The findings included:

On at 09:30 AM, a visit was made to the first floor Wellness Center. It was revealed that the medication cart was left unattended by staff and unlocked. The Wellness Center has an open door to outside traffic. At this time, there were 3 residents sitting in the Wellness Center. The medication cart remained unlocked for 15 minutes until Surveyor intervention. The Surveyor notified the Director of Nursing (DON). She checked the drawer with the Surveyor, and it was confirmed that medications were stored in all 5 drawers of the cart.

On at 09:45 AM, an interview was conducted with the DON. She confirmed that the medication carts should never remain unlocked while unattended by staff. She stated she would in-service staff that day.

Class III

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

Based on interview and record review, the facility failed to ensure that direct care staff obtain a current letter updated annually from a physician indicating that they are free of Communicable and maintain a negative ( ) status for 2 of 4 Staff members (Administrator & Staff C).

The findings included:

a) On a review of the employee personnel records was conducted. It was revealed that Staff C, who works as a Medication Technician (Med Tech) and provides direct care to residents; did not have a current Communicable and statement. Staff C was hired on . The last annual physician statement was dated .

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b) During an Employee Record Review of the Administrator's file hire date . . . . on . . . . revealed that there was no evidence of a negative . . . . . examination documented on an annual basis. The review revealed that there was an expired evidence of a negative examination documented in the file dated . . . . .

During an interview with the Administrator on . . . at 1:00 PM the findings were discussed and acknowledged. The Administrator was given the opportunity to locate the documentation, no additional documents were provided for review.

Class III

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

Based on interview and record review, the facility failed to ensure that each of their staff members receive the required 1 - hour training for Reporting Major Incidents Reporting Adverse Incidents, Facility Emergency Procedures for 1 of 4 Staff member records reviewed (Staff A). The facility failed to ensure that each of their staff members receive the required training for Incident Report Training for 1 of 4 Staff member records reviewed (Staff A).

The findings included:

On . a review was conducted of the employee records. A review of the employee personnel file was conducted for Staff A. The review revealed that Staff A only had evidence of a certificate for 26 minutes of Reporting Major Incidents Reporting Adverse Incidents, and Facility Emergency Procedures training, as the requirement indicates 1 - hour training is needed. An additional review of the employee personnel file for Staff a revealed the Incident Report Training certificate was missing from the file.

On . at 1:00 PM an interview was conducted with the Administrator. She acknowledged the findings and no other additional information was provided.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on employee record review and staff interview, the facility failed to ensure 1 of 4 sampled direct care staff received the required one-hour in-service training in the facility's policies and procedures regarding . . . . . (. .) within 30 days of hire (Staff B)

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The findings include:

During an employee record review, on , for Staff B (hire date of), there was no documentation contained within the personnel file, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment:

During interview conducted with the Administrator, on at 3:00 PM, she acknowledged and confirmed the absence of documentation of completion of this required one-hour staff training for Staff B.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review the facility failed to maintain an adequate 3-day emergency food supply consistent with the recommended Dietitian's inventory list.

The findings included:

On at 02:00 PM, a tour of the storage area was conducted with the Food Service Director. It was revealed that the following items were missing: Condensed or powdered milk, Cereal, Juice and snacks.

A review of the Three Day Emergency Menu reveals the following items should be present in the food supply storage:
1. Milk non fat dry 1 cup per 141 residents Breakfast, Lunch, 3 days
2. Juice 0.75 cup per 141 residents Breakfast 3 days
3. Cereal 1 bowl per 141 residents Breakfast day 3
4. snacks Sandwich cookie 4 each 3 days Lunch, pudding 0.5 cup 3 days Dinner, Granola Bar night snack 3 days for 141 residents.

On at 02:15 PM, an interview was conducted with the Food Service Director stated that he had an order coming for Emergency Food on . He acknowledged the findings.

Class

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Class III

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

Based on observation, record review and staff interview, the facility failed to provide a current Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division annually.

The findings included:

During an interview with the Administrator on at 1:07 PM, the facility's current CEMP and approval letter was requested. The Administrator searched for an approval letter and could not provide one. A record review revealed the facility last approval letter from the local Emergency Management Division for the CEMP was dated with an expiration date of . The facility failed to submit annual updates for a new plan 60 days prior to the plan's expiration date.

The Administrator confirmed the findings, no further documentation provided.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, interview and record review the facility failed to maintain an accurate update employee roster on the Clearinghouse Background Screening, for 18 out of 108 staff members (Staff H; I; J; K; L; M; N; O; P; Q; R; S; T; U; V; W; X; and Y).

The findings include:

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A record review conducted with the Administrator, on [redacted] at 3:00PM, of the facility's employee roster compared to the Clearinghouse Background Screening Facility Employee Roster, revealed 14 current staff members not registered and 4 former employees without an end date entered.

A) The following 14 current staff members are not registered:
1) Staff H hire date
2) Staff I hire date [redacted]
3) Staff J hire date
4) Staff K hire date [redacted]
5) Staff L hire date
6) Staff M hire date [redacted]
7) Staff N hire date
8) Staff O hire date [redacted]
9) Staff P hire date
10) Staff Q hire date [redacted]
11) Staff R hire date
12) Staff S hire date [redacted]
13) Staff T hire date
14) Staff U hire date [redacted]

B) The following 4 former employees are without an end date entered
1) Staff V start date [redacted] end date
2) Staff W start date [redacted] end date [redacted]
3) Staff X start date [redacted] end date
4) Staff Y start date [redacted] end date [redacted]

During an interview with the Administrator, on [redacted] at 3:15PM, she acknowledged and confirmed the findings and no further documentation or information provided.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to maintain the employment status of all employees by having a Level 2 Background Screening for 2 out of 4 staff member records reviewed; (Staff B and C).

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The findings included:

An employee record review conducted on . . . . . revealed no documentation of a Level 2 Background Screening for Staff B (hire date of) and Staff C (hire date of).

During an interview with the Administrator, on at 1:00PM, acknowledged and confirmed the findings. No further documentation or information provided at that time.

Unclassified

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

Based on record review and interview, the facility failed to maintain the Background Screening Compliance Attestation for all employees by having documentation of an Affidavit in the employee's personnel file for 2 out of 4 sampled staff record reviewed; (Staff B and C).

The findings included:

An employee record review conducted on , revealed no documentation of Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, in Staff B and C's file. Staff B's personnel record reveal a date of hire of . and Staff C's file reveals hire date of . This form must be completed by the individual and retained by the provider upon hire to attest they qualify for employment and meet the requirements. The requirements include, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . for any disqualifying offense.

During an interview with the Administrator, on at 1:30PM, she acknowledged and confirmed the findings and no further information or documentation provided at that time.

Unclassified