AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 04/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORT ORANGE	**955 VILLAGE TRAIL DRIVE** **PORT ORANGE, FL 32129**

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

0000 - Initial Comments

A biennial re-licensure survey was conducted Brookdale Port Orange (License #8913) on . The facility had deficiencies at the time of the investigation.

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

Based on document review and staff interview the facility failed to provide evidence of a current statement from a qualified health care provider indicating freedom from ( ) for 2 of 4 employees reviewed (employees A, D).

The findings include:

The file for Employee A was reviewed and showed a test dated . The file for Employee A did not have a current indication from a health care provider indicating freedom from .

The file for Employee D was reviewed and showed a test dated . The file for Employee D did not have a current indication from a health care provider indicating freedom from .

During an interview with the Business Office Coordinator on at 1:15 PM she acknowledged the screening for employees B & D had expired and needed to be updated.

Class III