

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X3) DATE SURVEY COMPLETED R 04/15/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE OCOEE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761	

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

0000 - Initial Comments

A revisit to a monitoring survey for Limited Nursing Services (LNS) was conducted on Brookdale Ocoee Assisted Living, license # 9731, had deficiencies at the time of the visit.

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

Based on personnel record review and interview the facility failed to ensure 1 of 5 personnel records reviewed contained a healthcare provider statement that indicated freedom from communicable (D).

Findings:

Review of the personnel record for staff D, the corporate-based Registered Nurse responsible for Limited Nursing Services in the facility, revealed a negative result dated There was no evidence to confirm freedom from communicable

On at 2:05PM, the administrator confirmed the finding.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 2 of 5 sampled staff (Staff D and E) completed required training as stated in Statute 58A-5.0191 () FAC.

Findings:

Review of the personnel record for staff D, the corporate-based Registered Nurse responsible for Limited Nursing Services in the facility, did not reveal evidence she attended a 1 hour in-service training regarding 1. Facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 2. Reporting adverse incidents.

Review of the personnel record for staff E, a caregiver hired on, revealed a 2 hour pre-service orientation certificate that was not signed by the employee as required.

On at 2:05PM, the administrator confirmed the findings.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/22/2019
FORM APPROVED

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