

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965474	(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEKIWA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703	

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

0000 - Initial Comments

A revisit to a Limited Nursing Service monitoring visit was conducted at Brookdale Wekiwa Springs Assisted Living Facility on Deficiencies were found to be uncorrected at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52(), 58A-5.019(1) FAC

Based on review of Florida Health Finder.gov, the agency for health care administration (agency) background screening website and interview, the facility did not notify the agency within 10 days of a change in administrators.

Findings:

Review of the agency's background screening website on at 9:30 AM revealed an administrator that was listed on the facility's clearinghouse roster with an employment end date of

Review of the Florida Health Finder.gov on at 9:30 AM revealed the same administrator whose employment was listed as ending on on the facility's clearinghouse roster was listed as being the facility's administrator.

On at 9:45 AM, the acting executive director for the facility confirmed the previous administrator last date of employment was and the corporate office was waiting to hire another administrator.

Class III

0081 - Training - Staff In-Service - 58A-5.019() FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure the administrator provided the required pre-service orientation to 3 of 4 sampled staff (A, D and E) as required.

Findings:

1. Personnel record review for staff A, a caregiver, hired revealed she completed a pre-service orientation on, the certificate was signed by the employee and the business office coordinator.

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2. Personnel record review for staff D, a caregiver, hired revealed she completed a pre-service orientation on, the certificate was signed by the employee and the business office coordinator . 3. Personnel record review for staff E, a caregiver, hired revealed she completed a pre-service orientation on, the certificate was signed by the employee and the business office coordinator . There was no evidence to confirm that Staff A, D and E had a certificate to confirm that the employees had received the pre-service orientation that was provided by the administrator. On at 9:45 AM, the acting executive director for the facility stated she and the corporate office thought that the business office coordinator or the administrator could provide the training . Class III 0086 - Training - ADRD - 58A-5.0191(10) FAC DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure 1 of 4 direct care staff (F) who provided care for persons with 's and Related (ADRD) received 4 hours of continuing education annually. Findings: On at 10:10 AM the business office coordinator said staff F worked in the secured memory unit and provided care to the resident's with ADRD. Personnel record review for staff f hired revealed she had received her ADRD Level I and Level II training on The Business office coordinator reviewed the personnel record and said on at 10:15 AM, staff F did not receive the 4 hours of continuing educations annually as required. Class III		