Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965424	A. BUILDING: _____ B. WING _____	R 06/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

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CZ813 SS=C	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on personnel record review, agency for health care administration (Agency) background screening website and interview, the provider did not maintain the level II background screening eligibility results for 1 of 2 sampled staff (A) in his personnel file. Findings: Personnel record review for staff A, a licensed practical nurse, hired revealed there was no level II background screening eligibility results available for review. Review of the agency's background screening website on at 11:50 AM, revealed staff A was listed on the facility's employee roster. Further review of the agency's background screening website revealed staff A, had an eligible background screening that was conducted on . On at 11:55 AM, the health and wellness director, confirmed there were no background screening results available for review. Unclassified	CZ813		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{A 000}	Initial Comments A revisit to Complaint investigations (CCR 2019000813, 2019001107 & 2019001837) was conducted on at Brookdale Lake Orienta Assisted Living Facility. Deficiencies were identified at the time of survey.	{A 000}		
{A 081} SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility	{A 081}		

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{A 081}	Continued From page 2 sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and , . The facility must use its [illegible] prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food	{A 081}		

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{A 081}	Continued From page 3 handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on personnel record reviews and interview, the facility failed to ensure that 2 of 2 sampled staff (A and B) received the required in-service training. Findings: 1. Personnel record review for staff A, a Licensed Practical Nurse hired revealed there was no documentation to confirm he had completed a 2-hour pre-service orientation prior to interacting with residents that was signed by the employee and the facility administrator that covered Resident's rights and the facility's license type and services offered by the facility. The health and wellness director provided copies of trainings for Elopement that was dated that noted it was an online course, also a training for . . . . . that was dated . . . . . that noted it was an online course. The section for the instructor's credentials, signature and training location were all blank on both of the certificates.	{A 081}		

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{A 081}	Continued From page 4 There was no documentation that the staff had received training on the facility's elopement and . . . . . prevention policy and procedures. 2. Personnel record review for staff B, a caregiver was hired on , revealed her certificate for the preservice orientation was dated was signed by the health and wellness director and staff B. There was no documentation that the administrator had provided the preservice orientation. On . . . . . at 11:40 AM, the health and wellness director confirmed the findings, she said staff A, had previously worked for the facility and was rehired. She stated at the time she could not locate any of his current training. Class III	{A 081}		
A 090 SS=D	58A-5.0191(11) FAC Training - . . . . (11) . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . . within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 2 direct care staff (A) received at least one hour of training in the facility's policy and procedures regarding . . . . . (. . .) that included information in Rule 58A-5.0186, F.A.C. Findings: Personnel record review for staff A, a licensed practical nurse, hired revealed an online training for dated . The section for the instructor's credentials, signature and training location were all blank. There was no documentation that the staff had received training on the facility's policies and procedures within thirty (30) days of employment. On at 11:40 AM, the health and wellness director confirmed the findings, she said staff A, had previously worked for the facility and was rehired. She stated at the time she could not locate any of his current training. Class III	A 090		
{A 152} SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural,	{A 152}		

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{A 152}	Continued From page 6 mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, [illegible] or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible] This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations and interviews, the facility failed to ensure that a resident's rooms were free from carpet stains and brown ceiling stains.	{A 152}		

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{A 152}	Continued From page 7 Findings: Observation on . . . at 9:30 AM revealed the following: There were brown ceiling stains in the bathroom of . . . . that was located on the left side of the room. There were dark carpet stains in the living room and bed room of . . . . . The room also had a strong smell of . . There were carpet stains inside of the dining room and the area outside of the dining room that was located next to the bathrooms and in front of the mailboxes. There was a large carpet stain on the backside of the dining room located in front of the memory care door. Inside of the secured memory care unit there was a large carpet stain in front of the outside patio door and next to the dining room chair. On . . at 9:45 AM, the maintenance director said the ceiling in . . . . was repaired and painted, he did not know why the ceiling was still brown. He said the carpets were cleaned and confirmed the findings. Class III	{A 152}		