

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:  <b>AL11912077</b>	(X3) DATE SURVEY COMPLETED  <b>05/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE PALM BEACH GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410</b>	

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

**0000 - Initial Comments**

An unannounced Biennial Standard Licensure Relicensure survey was conducted on \_\_\_\_\_ and \_\_\_\_\_ at Brookdale Palm Beach Gardens. The facility had deficiencies found at the time of the visit.

This survey was conducted in conjunction with complaint inspection CCR# 2015001684. Reference the separate report.

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on record review and interviews, the facility failed to obtain the required hospice interdisciplinary care plan and election of hospice benefits, for 1 of 1 sampled residents receiving hospice services (Resident #11).

The findings include:

Review of resident records was conducted \_\_\_\_\_ the following concern was identified. Resident #11 was admitted to the facility on \_\_\_\_\_ and started receiving hospice services on \_\_\_\_\_. Record review revealed a detailed hospice-developed care plan that did not include the facility staff and identify what services the facility staff would provide. A care plan dated \_\_\_\_\_ was titled {...}ALF Integrated Care Plan and was not individualized to show the resident's specific care needs and what specific services were to be provided by facility staff and hospice. Another care plan was titled Care Profile detailed the services to be provided by facility staff but did not include hospice duties and was developed by the facility and not by hospice staff.

Further record review revealed no hospice interdisciplinary care plan developed by hospice in consultation with the facility that detailed the resident's needs and who provides the services to meet those needs.

This was discussed with \_\_\_\_\_ at 3:30 PM with the Administrator and the Health and Wellness Director.

Class III

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

Based on observations and interviews, the facility failed to provide a safe and decent living environment for residents by not following adequate standards of \_\_\_\_\_ control. This had the potential to affect all 119 current residents of the facility.

The findings include:

During multiple tours of the facility, at times accompanied by the Administrator and Director of Housekeeping, the following concerns were revealed:

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1. On ..... at 9:00 AM, Resident #22 who resides in ....., was observed in the third floor hallway medications cart receiving her medications from a Medications Technician (MT) with a Licensed Practical Nurse present. The resident had no shoes or socks on, there was no barrier between her feet and the floor to protect her from safety hazards or exposure to germs. This was brought to their attention as the resident walked away, both observed the resident and stated they did not notice she didn't have her shoes on.
2. On ..... at 9:12 AM, the third floor MT was asked if she had a supply of latex gloves on her cart, she stated not on the cart but presented several she had stored in her pants pocket.
3. On ..... at 9:29 AM, the fifth floor trash chute was observed with excessive soil and debris build-up on the door and frame. A half-filled large trash bag had been placed in the chute but a corner of it was stuck in the door and the trash was not deposited. In an interview conducted at that time with the Administrator present, the Director of Housekeeping acknowledged the bag should have been put all the way in the chute. He also stated they clean the chutes monthly. The Administrator acknowledged the chutes should be cleaner. (photographic evidence obtained)
4. On ..... at 9:34 AM, the second, third and forth floor trash chutes were observed with excessive soil and debris build-up on the door and frame. The first floor dumpster area had excessive soil and debris build-up, a used latex glove was hanging from the plumbing near the ceiling of the dumpster ..... (photographic evidence obtained)
5. On ..... at 9:38 AM, a mop was stored head down in the first floor stairwell, a floor sweeper was stored in the fifth floor stairwell, and a ..... stored in the second floor stairwell. The Director of Housekeeping was asked and stated they should be stored in the fourth floor janitor closet. In the fourth floor janitor ..... a mop was stored head down on the floor, and a ..... long-handled were stored directly on the floor. A used ..... stored inside a long box with other articles in contact with .....
6. On ..... at 11:55 AM, several common area ..... were observed to have empty glove dispensers. At that time, the Administrator was interviewed related to availability and supply distribution of latex gloves for staff use. He stated the dispensers were not necessarily intended to be kept stocked, that the medication carts and kitchens should all have a box of gloves available for staff use. The fifth floor MT stated she did not have a box on her medication cart, she had just given them to the kitchen staff, she presented two gloves available for use; the fifth floor kitchen had no box of gloves, staff produced four gloves as the available supply.
7. On ..... at 12:40 PM, with the Health and Wellness Director present, a CNA was observed wearing a "waist pack", she asked if she carried a supply of latex gloves and she said yes and opened her waist pack to reveal numerous latex gloves. She was asked if she stores anything else in there and she stated she puts things in there like perfume for the residents and other things. A second CNA with a similar waist pack was asked the same and she opened her waist pack to reveal two latex gloves, a bottle of perfume, and her personal keys. Both stated they carry the waist packs around all day. In an interview conducted at that time, the Health and Wellness Director stated

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that was not acceptable practice.

8. On [redacted] at 1:45 PM, a fourth floor aide was asked how she accessed a supply of latex gloves and stated there's a box of them and I just put some in my pocket.

9. On [redacted] at 8:50 AM the facility's linen cart was observed with a tear in the side curtain about 1 1/2' x 2' with an opening exposing the linens. In an interview conducted at that time, the Director of Housekeeping acknowledged the tear.

The above concerns were discussed with the Administrator and Director of Health and Wellness on [redacted] at 9:10 AM.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on interview and record review, it was determined the facility failed to ensure that all Direct Care staff had received the required in-service trainings within 30 days of employment, for 1 of 3 employee records reviewed (Staff D).

The findings:

Employee record review conducted on [redacted] at approximately 12:30 PM for Staff D who's date of hire is [redacted] revealed there are no certificate's of completion for trainings required within 30 days of employment in [redacted] Control, ADL and Behavior Needs, Major Incident Reporting, Recognizing and Reporting [redacted] Neglect and [redacted] and Food Handling.

Interview conducted on [redacted] at approximately 1:00 PM with Administrator who was informed that staff D has no documentation of compilation of required trainings in the employee record. Administrator stated he believed the training completion certificates are on the computer system in Human Resources. Administrator went to Human Resources and returned stating the certificate's of completion are not on the computer system. Administrator is unable to produce the certificates of completion for Staff D.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2015

Administrator  
Brookdale Palm Beach Gardens  
11381 Prosperity Farms Road  
Palm Beach Gardens, FL 33410

Dear Administrator:


This letter reports the findings of a state licensure survey that was conducted on , 2015 and , 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after . . . . . to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
  
Arlene Mayo-Davis  
Field Office Manager

AMD/jw

XG90

