STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**06/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] and [redacted] at Brookdale West Boynton Beach. The facility had deficiencies found at the time of the visit.

The Limited Nursing Services survey was conducted separately. See separate report for findings.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interviews, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications maintained required standards for disposal of unusable medication, for 1 of 5 sampled Residents (Resident #1).

The findings include:

Observation of Employee B, a Medication Technician (MT) assisting a resident with self-administration of medications was conducted on [redacted] at 9:05 AM. The MT was observed to present the resident's medications to the resident in a small paper cup. The resident removed the pills from the cup and spread them out on a paper towel on the seat of her walker which she was using as a table. The resident took several minutes to take the pills using multiple cups of water and a cup of applesauce to do so. At one point, she had multiple pills in her mouth and started coughing. She was observed to spit a pill into a cup of water. The MT took the cup with the pill in it and presented it to this writer. A large oval pill that had been cut in half and had a number "6" on it was observed in the cup of water. The MT identified it as [redacted] and stated she had cut it in half for ease in swallowing. The resident refused to take that half pill or a replacement pill at that time. The MT stated she would document the resident's medication record to reflect she refused the other half of the dose of medication and would report it to the nurse. She then placed the unusable half pill in the trash container connected to her medication cart.

On [redacted] at 10:10 AM, the MT's floor nurse, a Licensed Practical Nurse, was interviewed and stated they have a disposal container for wasted medications, staff have to document the medication was disposed of and notify the resident's health care provider. The nurses are responsible for actually disposing the medications and it requires one witness.

This was discussed with the facility's Resident Services Director, a registered nurse, on [redacted] at 10:20 AM.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications followed written Health Care Provider (HCP) orders for 1 of 5 sampled residents (Resident #1) and failed to ensure timely refill of a medication for 1 of 5 sampled residents

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

0056 Continued From page 1

(Resident #21).

The findings include:

1. Observation of Employee H, a Medication Technician (MT) assisting Resident #1 was conducted at 9:05 AM. The MT was observed to present the resident's medications to the resident in a small paper cup. The resident removed the pills from the cup and spread them out on a paper towel on the seat of her walker which she was using as a table. The resident took several minutes to take the pills using multiple cups of water and a cup of applesauce to do so. At one point, she had multiple pills in her mouth and started coughing. She was observed to spit a pill into a cup of water. The MT took the cup with the pill in it and presented it to this writer. A large oval pill that had been cut in half and had a number "6" on it was observed in the cup of water. The MT identified it as and stated she had cut it in half for ease in swallowing.

Review of Resident #1's medication records revealed a written HCP order dated that called for 500 milligrams twice daily. There was no instruction for the pill to be cut in half. This was discussed with the facility's Resident Services Director, a registered nurse, on at 10:20 AM.

2. Review of Resident #21's medication record revealed a written HCP order dated for Polyethylene 3350 powder 1 packet dissolved in 8 ounces of liquid of choice daily. The last dose recorded on her medication record as received was Observation of Resident #21 receiving assistance with self-administration of medications by a MT was conducted on at 12:25 PM. The MT told the resident she didn't have any for her, they were out of it. The resident became slightly upset and stated, "I'm lost without it." The MT assured her they would get it as soon as possible. The resident missed the dose scheduled for This was brought to the facility's Resident Services Director who looked in to it and presented faxed requests for this medication that were faxed to the pharmacy on and which were not evidence of facility staff making every reasonable effort to ensure timely refill of this medication.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and staff interview, the facility failed to maintain a safe and sanitary living environment in 2 of 3 resident dining (Flagler and Mizner Dining

The findings include:

1. Prior to lunch observation, an observational tour was conducted of the Flagler Dining at 11:45 AM. During tour, the following environmental concerns were found:
a) The walls and pillars located in the Flagler Dining dried food/liquid which had run down the wall and pooled on the chair rails and baseboards in several places (photographic evidence obtained).

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

0152 Continued From page 2

b) Cob webs were hanging from the ceiling over the left door leading out from the dining the courtyard (photographic evidence obtained).
c) insects and bloody gauze were found lying on window ledge located in the Flagler Dining (photographic evidence obtained).
d) Broken shard of ceramic dishware was lying on floor between tables near windows overlooking courtyard (photographic evidence obtained).

2. Observational tour of the Mizner Dining at 12:30 PM found the following concerns:
a) Dried food/liquid were found on the dining in several places (photographic evidence obtained).

During interview conducted with the Administrator on at 3:00 PM, she acknowledged the concerns which were observed in the Flagler and Mizner Dining
On at 12:15 PM, the Administrator stated she was aware of the need for improved cleaning practices, and she was working with staff concerning this issue. She also clarified that the Dining staff were responsible for cleaning the Dining , not Housekeeping.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale West Boynton Beach
8220 Jog Road
Boynton Beach, FL 33437

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2015 by representatives from 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 an on site visit 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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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