

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE DEER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Assisted Living Facility licensure survey was conducted on _____ and _____ at Brookdale Deer Creek. The facility had deficiencies found at the time of the visit.

An unannounced licensure complaint survey, CCR # 2015004243, was conducted in conjunction with the licensure survey. Refer to separate report for findings.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 1 out of 3 staff (Staff C) current staff member has evidence of an annual negative _____ exam.

The findings include:

Review of Staff C's personnel record, whose date of hire was _____, lacked documentation of a current _____ exam. The last documented negative _____ exam was dated _____.

In an interview conducted with Health and Wellness Director on _____ at 11:06 AM, she confirmed that Staff C is a resident care associate and she provides direct care to the residents as part of her job duties.

In an interview conducted on _____ at 2:00 PM with the Administrator and the Business Office Manager, they reviewed the personnel file of Staff C and stated they had no further documentation to provide and confirmed the findings.

Class _____

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that all direct care staff members who are not core trained received the required in-service training within 30 days of employment, for 2 out of 3 sampled employees' records reviewed (Staff A and Staff B) .

The Findings Include:

1. A review of Staff A's (hire date _____) and Staff B's (hire date _____) personnel file revealed the record lacked documentation indicating the employees received the required in service training

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regarding the facility's resident elopement response policies and procedures.

2. Further review of Staff B's (hire date _____) personnel file revealed the record lacked documentation indicating the employee received the required 1 hour in-service training's covering :

- a) Resident Rights
- b) Reporting major incidents
- c) Reporting adverse incidents
- d) Facility emergency procedures

In an interview conducted with Health and Wellness Director on _____ at 11:06 AM, she confirmed that Staff A and Staff B are resident care associates and they provide direct care to the residents as part of their job duties.

In an interview conducted on _____ at 2:00 PM with the Administrator and the Business Office Manager, they reviewed the personnel files for Staff A and Staff B and stated they had no further documentation to provide and confirmed the findings.

Class _____

0090 Training - _____

Based on record review, observation, and interview the assisted living facility failed to ensure that 1 out of 3 (staff B) current staff members have the required _____ training within 30 days of employment.

The findings include:

Record review of staff B's personnel record, whose date of hire was _____, lacked any documentation that staff B completed _____ training. Record review revealed staff B did not complete the CORE requirement.

In an interview conducted with Health and Wellness Director on _____ at 11:06 AM, she confirmed that Staff B is a resident care associate and she provides direct care to the residents as part of her job duties.

In an interview conducted on _____ at 2:00 PM with the Administrator and the Business Office Manager, they reviewed the personnel file of Staff B and stated they had no further documentation to provide and confirmed the findings.

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0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the assisted living facility failed to maintain a safe and living environment which was free of hazards and maintained in good working order.

The findings include:

- 1) During the observation tour conducted on [redacted] at approximately 10:00 AM, of the 3rd floor of the west wing of the facility, a foul odor was perceived coming from the garbage [redacted]. Upon opening the door to the [redacted], the foul odor became extremely intense, the [redacted] 3 garbage containers that were overflowing with garbage and 1 of the containers was not covered. The floor was sticky and covered in debris, especially along the outer edges of the [redacted] there were stains on the walls and floor. This [redacted] located next to the resident [redacted] and accessible to residents, visitors and staff.
- 2) An observation made on [redacted] at approximately 10:20 AM revealed the west 4th floor garbage [redacted] have a foul odor and the floor and walls were covered in debris, sticky and stained.
- 3) An observation made on [redacted] at approximately 10:25 AM revealed the ceiling by [redacted] # [redacted] to have several brown stains and the plaster and paint peeling back.
- 4) An observation made on [redacted] at approximately 11:00 AM in the medication [redacted], the ceiling appeared to have the plaster and paint peeling off and stains noted.
- 5) An observation made on [redacted] at approximately 11:30 AM revealed the east 2nd, 3rd and 4th floor garbage [redacted] to have the floor and walls covered in debris, sticky and stained.
- 6) In a subsequent observation tour conducted on the following day [redacted] at approximately 9:45 AM, all of the above observations were still noted, with the exception of the west 3rd floor garbage [redacted], which had the trash emptied, but the floor and walls were still littered with debris and stained.
- 7) During an observation tour conducted with the Administrator on [redacted] at 2:25 PM, the various findings were discussed and addressed, an interview was conducted and he acknowledged the findings and stated they were aware of most of the issues and were in the process of addressing them.
- 8) Photographic evidence is presented in the file

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Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Deer Creek
2403 West Hillsboro Blvd
Deerfield Beach, FL 33442

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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 attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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