STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964897	
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DEER CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2403 WEST HILLSBORO BLVD** **DEERFIELD BEACH, FL 33442**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015004243, was conducted on 7/8/15 through 7/9/15 and 08/05/15 at Brookdale Deer Creek Assisted Living. The facility had deficiencies found at the time of the visit.

An unannounced licensure survey was conducted in conjunction with this survey. Refer to separate report for findings.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interviews, the facility failed to honor resident rights by ensuring Emergency Personnel could access the Memory Care Unit (MCU) potentially affecting 1 out of 1 residents (Resident #1) who contacted 911.

The Findings Include:

Record review for Resident #1 revealed an admission date of / . Diagnoses documented on Resident #1 ' s current Health Assessment (AHCA form 1823) dated are Parkinson's, . . (. . .), and (. . .).

A review of Resident #1 ' s progress notes revealed she had an unwitnessed reported to the nurse on at 7:30 AM. The note revealed that the resident got herself up and called 911. Resident #1 was transported to hospital. Further review indicated Resident #1 returned to the facility on / at 12:06 PM with no apparent injury.

In an interview conducted on / at 1:34 PM, an interview attempt was made with Resident #1. Resident #1 stated she called 911 as there was someone in her . . . . . Resident #1 stated she did not have a when she contacted 911. Resident #1 stated the paramedics did not take her to the hospital. In an interview conducted on / at 12:04 PM, a family member stated Resident #1 is not a good historian as she does not have any recall.

In an interview conducted on / at 9:07 AM, Staff B stated that Resident #1 around 5 AM on / . Staff B stated she worked from 10 PM to 6 AM on / . . She stated there was no doorbell outside the MCU at that time. She stated there were two staff members working in the MCU. She stated there was not enough staff during her shift on / . . She stated one of the paramedics took the stairs and came up to the second floor. Staff B stated she thought Staff C was emptying the garbage on the second floor when he saw the paramedics. Contacts to Staff C were unsuccessful.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964897	08/05/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DEER CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442**	

SUMMARY STATEMENT OF DEFICIENCIES
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In an interview conducted on 7/8/15 at 2:40 PM, {confidential interview with } stated his department usually has an access issue after hours. He stated, " They reduce their staffing so much and it's hard to find someone who works there. " The {confidential interview with } stated he arrived to the facility on / at 5 or 6 AM. The {confidential interview with } stated his crew knew the code to gain access through the front door. He stated once the crew entered the building, they were unable to access the MCU where Resident #1 resided. He tried to ring the doorbell outside the MCU. He went up to the stairwell to the second floor. He stated, " We were pounding on the door to get in. No one would answer. " He stated one of his crew members went up and down every floor on the east side of the building and could not find anyone. He stated the crew was making their way on the west side of the building when a staff member came with a key to let them in. He stated the crew knew there was a key for the elevator in the reception desk and rifled through to find it. He stated this was unacceptable. He stated, " You can't just expect our crews to know you have a key in a drawer at the front desk. Thank god it wasn't a major medical emergency. If it was, I would have to take tools to break the door off. We almost got to that point. We almost broke the door. " The {confidential interview with } stated his crew waited approximately 25 minutes before receiving access to the MCU.

In an interview conducted on / at 1:08 PM, the DON confirmed aforementioned findings.

Class III

0079 Staffing Standards - Levels

Based on record review and interviews, the facility failed to ensure they staffed the Memory Care Unit appropriately to ensure care and services were provided to 1 out of 1 residents (Resident #1) after Emergency Personnel attempted to gain access after a 911 call.

The Findings Include:

Record review for Resident #1 revealed an admission date of Diagnoses documented on Resident #1's current Health Assessment (AHCA form 1823) dated / are Parkinson's, ( ), and ( ). Resident #1 resides in the Memory Care Unit (MCU).

A review of Resident #1 ' s progress notes revealed she had an unwitnessed reported to the nurse on / at 7:30 AM. The note revealed that the resident got herself up and called 911. Resident #1 was transported to hospital. Further review indicated Resident #1 returned to the facility on / at

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12:06 PM with no apparent injury.

During an interview conducted on 7/8/15 at 1:34 PM, an interview attempt was made with Resident #1. Resident #1 stated she called 911 as there was someone in her room. Resident #1 stated she did not have a when she contacted 911. Resident #1 stated the paramedics did not take her to the hospital. In an interview conducted on / at 12:04 PM, a family member of Resident #1 stated she is not a good historian as she does not have any recall.

In an interview conducted on / at 2:40 PM, a {confidential interview with } stated his crew usually has an access issue after hours. He stated, " They reduce their staffing so much and it's hard to find someone who works there. " The {confidential interview with } stated he arrived to the facility on at 5 or 6 AM. The {confidential interview with } stated his crew knew the code to gain access through the front door. He stated once the crew entered the building, they were unable to access the MCU. He tried to ring the doorbell outside the MCU. He went up to the stairwell to the second floor. He stated, " We were pounding on the door to get in. No one would answer. " He stated one of his crew members went up and down every floor on the east side of the building and could not find anyone. He stated the crew was making their way on the west side of the building when a staff member came with a key to let them in. The {confidential interview with } stated his crew waited approximately 25 minutes before receiving access to the MCU.

In an interview conducted on / at 9:07 AM, Staff B stated that Resident #1 around 5:00 AM on 2/ /. Staff B stated she worked from 10 PM to 6 AM on /. She stated there was no doorbell outside the MCU at that time. She stated there were two staff members working in the MCU (Staff B and C). She stated some days there are 2 RAs and other days there are 3. She stated approximately one day a week there are 4 RAs. She stated there was not enough staff during her shift on /. She stated one of the paramedics took the stairs and came up to the second floor. Staff B stated she thought Staff C was emptying the garbage on the second floor when he saw the paramedics. Contacts to Staff C were unsuccessful. In an interview conducted on / at 11:33 AM, Staff E stated that she works in the MCU from 6 AM to 2 PM . She stated more help is needed in the MCU as residents are total care except for one.

Review of the census for / revealed 37 residents in the MCU. Review of all direct care staff timecards revealed there were two employees in the MCU, which consists of two floors, during the time of Resident #1 's on /. Staff B worked 10:03 PM to 7:11 AM. Staff C worked 9:57 PM to 6:08 AM.

Review of timecards for direct care revealed the facility, MCU included, had 890 hours. Although the facility met the required hours of 644 for a census of 145 residents, they did not have enough staff to

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meet the needs of the residents in the MCU (census of 37). There were two employees working both floors in the MCU, duties are shared for the floors. If a staff member is present on the floor is busy and the other staff member is on the other floor no other staff is available to address the residents needs or and/or if both are staff are busy no other staff are available. As evidence on the date of the incident that both employees did not hear the paramedics repeated knocks on the door to the MCU for approximately 25 minutes.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015004243

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 through , 2015 and , 2015 by a representative 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
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