

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED 08/01/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 8220 JOG ROAD BOYNTON BEACH, FL 33437	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016003623, was conducted on / / and completed on / / at Brookdale West Boynton Beach, License #9384. The facility had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on resident record review, the facility failed to ensure the initial health assessment (AHCA Form 1823) was completed in its entirety, for 1 of 3 residents (Resident #3).

The findings include:

Resident #3 was admitted to the facility on . The current Health Assessment on file is dated . Review of AHCA Form 1823 reveals Section 2-B, Medications, does not include current list of Resident's Medications. This section has a diagonally printed statement across form, "See Attached List", but there is no list attached. Also, Section 3, Services Offered or Arranged by the Facility for the Resident, is not completed. This section has diagonally printed statement, "See Attached Resident Services Sheet", but no documentation was attached.

Class III

0010 Admissions - Continued Residency

Based on resident record review and staff interview, the facility failed to ensure 2 of 3 residents had an updated health assessment (AHCA Form 1823), completed after a face-to-face medical examination by a health care provider, to reflect the current health status and care needs of the residents (#1 and #2).

The findings include:

1) Resident #1 was admitted to the facility on / / . According to the most current Health Assessment on file, dated / / , Resident #1 had no or memory problems. The Resident was assessed as needing assistance with ambulation (through use of walker), assistance with bathing, supervision with dressing, and was independent with eating, , toileting, and transferring. Resident was also assessed as being able to administer her own medications.

According to Personalized Assisted Living Service Plan initiated by the facility on , Resident #1 does not require but is of .

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The Personalized Service Plan initiated by the facility on 4/08/16 documents Resident #1 needs "assistance in the bathroom with pulling pants up and down, handling of toilet paper and wiping from front to back, assisting with changing protective undergarments, and managing incontinence products."

Resident also needed assistance with dressing, , and assistance to and from dining activities.

Resident's Personal Service Plan, dated , documents Resident #1 refuses showers and "Resident will push pendant button excessively throughout the day and night hours...."

Resident #1's current AHCA Form 1823 does not accurately reflect the care needs and behaviors documented on the facility's Personalized Assisted Living Care Plan. Section 3, Services Offered or Arranged by the Facility for the Resident, was not completed or signed.

Resident #1 was admitted to the facility on / / . The current Health Assessment on file was dated / / . Review of AHCA Form 1823 reveals Section 3, Services Offered or Arranged by the Facility for the Resident, is not completed or signed by either Facility Administrator or Designee, or the Recipient or Guardian.

2) Resident #2 was admitted to the facility on . The current Health Assessment on file is dated . On / / , Resident #2 was taken to the Hospital, by ambulance, due to right leg all the way up to thigh. Approximately 30 days later, on , resident returned to the facility from Rehabilitation Center.

Upon return to the facility, there was no new Health Assessment (ACHA Form 1823) completed for this resident. The facility had no documentation indicating the resident met the criteria to return or met the criteria for continued residency.

During interview with Health and Wellness Director and Administrator on / / at 3:45 PM, they acknowledged that the health assessments on file may not accurately reflect the current health status/care needs of Residents #1 and #2.

Class III

0025 Resident Care - Supervision

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Based on resident record review and interviews, the facility failed to provide care and services appropriate to the needs of 2 of 3 residents regarding incontinence care, which includes observing and reporting any skin issues noticed during each incontinence care task (Residents #1 and #3).

The findings include:

1) Resident #1 was admitted to the facility on / / and discharged to another ALF on / / . According to the facility's Personalized Assisted Living Support Plan, dated / / , Resident #1 needed "assistance in the / / pulling pants up and down, handling of toilet paper and wiping from front to back, assisting with changing protective undergarments, and managing incontinence products. "

According to nurse's note dated / / at 1:30 PM, " [Family Member] requested I come to resident's / / [family member] removed heavy wet diaper and [resident] had been double diapered. Also, [resident's] inside of cheeks were red and small / / noted on left side. "

/ / at 7:45 PM - "Resident [family member] come to wellness and complain that [Resident #1] was double diaper on Saturday and Sunday and [resident] has not been changed regular and as a result has / / on / / which resulted in small open area that bleeds. "

Review of the facility's Nurse's Notes reveal the following:

- a) / / at 8:00 AM - "Received order for SN [skilled nursing] eval[uation] and tx [treatment] for red area on inside of / / . Faxed to [Home Health Agency]."
- b) / / at 8:11 AM - " Visited resident apartment resident / / measured, 0.1 cm, area dry no drainage or / / streak noted on depends. Depends was replaced as it was dry."
- c) / / at 8:45 AM - "Due to Res[ident's] son giving Res[ident] a shower on Monday, staff to give res shower on Tues / / and Thurs / / ."
- d) / / at 10:00 AM - "Aide showering resident upon entering the / / . Will return to check on res[ident] later."
- e) / / at 8:50 AM - " I non entering / / check on res / / [Resident Aide] doing peri-care. Observed Res / / [:] / / , res had very small open area [less than] 0.1 that was healing. Aide washed / / and peri area, dried and then applied diaper / / cream, and put on new depends. Res had no c/o [complaint of] pain. Continue cares."
- f) / / at 9:40 AM - "Called [physician] office to have order for barrier oint[ment]."
- g) / / at 10:00 AM - "Resident was seen laying in [resident's] bed. / / were cleaned and cream applied. Pull up clean."

A copy of fax request sent to physician for skilled nursing evaluation and treatment, dated / / , and request for order for Barrier cream, faxed on / / at 10:57 AM, was reviewed.

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A review of Resident #1's Medication Observation Record (MOR) revealed the following:

a) Barrier Cream first applied at 10 AM on / / and then at 6 PM and 10 PM on that same day. Barrier cream is then applied 4 times a day on / /

b) There is a notation on the MOR that the order for / / has changed on / / to cream being applied twice a day. Copy of the / / order documents " D/C / / creams and start ointment [twice a day]."

c) From / / , there are no staff initials to indicate the / / was applied as a barrier cream to Resident #1's inner / / . Also, on / / there is no staff initials to indicate barrier cream was applied at 8 PM. There are no comments on back of MOR to explain why barrier cream was not applied on these dates.

d) For dates / / , there are no staff initials for application of / / barrier cream, only a notation " self adm " [self-administers]. There is no documentation as to why the Resident, who requires assistance in the / / wiping and who was previously receiving staff assistance with the barrier cream, is now to self-administer this cream on inner / / .

There is a nurse's note, dated / / at 4 PM, documenting receipt of doctor's order for staff to administer medications, but [family member] will continue to administer until signed orders are received.

2) Resident #3 was admitted to the facility on / / . This resident was assessed with needing assistance with toileting and bathing. On admission, a skin observation was conducted. There was no redness, / / or other concerns noted on resident's / /

On / / at 2:30 PM, Nurse's Notes document, "Resident has a small open area on the right side of his / / Dr. [name] office notified by fax requested order for treatment."
On / / , physician orders were faxed to [Home Health Agency] for skilled nursing / / care.
On / / , Nurse's notes document Resident #3's / / area is "pink closed. No drainage."
There are no orders noted for barrier cream to be applied at this time.
The Health and Wellness Director stated, on / / at 2:45, "The open area was not a pressure / / ."

Review of facility's Incontinence Care Policy and Procedure documents:
"When providing care, associates will: Refer to Personal Service Plan...Document as directed and notify the nurse and/or supervisor of any concerns about the resident."
It is also noted under the "How To" section of Incontinence Care, the aide is to. "Observe for and report problems like a / / , chafing, sores, open areas, or changes in / / (color, odor, or amount)." Policy and Procedure for / / Care documents the aide is to. "Observe for skin changes, report to nurse."

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During interview with Health and Wellness Director on / / at 2:45 PM, she was asked how Resident# 1 or Resident #3 were able to develop a that progressed to the point of "open sores" if the resident care aides are to do an observation of the resident's skin each time they provide toileting or incontinence care, and report any redness or chafing to the nurse. The Health and Wellness Director stated that a resident's skin can go from no signs of redness to open sores in a matter of 2-3 hours, "if is acidic."

On / / at 2:55 PM, an interview was conducted with Staff A. She stated, "I am the nurse on the floor. The Aides are supposed to let us know if there is any , then I will go take a look at it. Aides are supposed to check every time they provide incontinence care to residents".

On / / at 3:09 PM, an interview was conducted with Staff B. She stated, " ... [when assisting with toileting or incontinence care] I check their skin to make sure they don't have a or sores. We have skin sheets to fill out, and we take them to the nurse when they're done".

On / / at 3:18 PM, an interview was conducted with Staff C. She stated, "I assist with incontinence care and I check the skin for redness. If there is redness, I tell the nurse".

Class III

0054 Medication - Records

Based on medication record review and staff interview, the facility failed to ensure the accuracy of Medication Observation Records (MORs); for 3 of 3 sampled residents (#1, #2, and #3).

The findings include:

1) Resident #1 had physician order, dated , for barrier cream to be applied 4 times a day. On / / this order was changed to start ointment [twice a day]. From - , there are no staff initials to indicate the was applied as a barrier cream to Resident #1's inner , per physician's orders. Also, on / / there is no staff initials to indicate barrier cream was applied at 8 PM. No comments are found on back of MOR to explain why barrier cream was not applied on these dates as ordered.

2) Resident #2 had physician orders for 0.2% cream to be mixed with : 2 % cream and applied to resident's at bedtime. A review of the MOR shows no initials for application of cream on / / , / / , and / / ; on / / there are no initials for the

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cream.

Resident #2 has a Physician order for Silver (SSD) 1% cream to be applied every morning until / / . Cream is applied each morning from / / - / / . There are missing initials on / / and from / / - / / . There is no notation on the back of MOR as to why Silver (SSD) 1% cream has been applied after / / , or why the cream was not been applied on / / and / / - / / .

3) Review of MORs for Resident #3 reveals missing staff initials for the following doses of medication:

- a) Inhaler on / / at 5:00 PM
- b) Inhaler on / / at 9:00 AM
- c) on / / and / / at 9:00 PM
- d) 12.5 mg on / / at 5:00 PM

During interview with Health and Wellness Director and Administrator on / / at 3:45 PM, they acknowledged the missing staff initials on the MORs for these 3 residents.

Class III

0056 Medication - Labeling and Orders

Based on medication record review and staff interview, the facility failed to ensure any change in directions for use of a medication for which the facility was providing assistance with self-administration, or administering medication, must be accompanied by a written medication order issued and signed by the resident's health care provider, for 1 of 3 sampled residents (#2).

The findings include:

Physician order for Resident #2, Silver (SSD) 1% Cream is to be applied each morning until / / , but this cream is applied from / / - / / , and on / / as documented on the MORs for / / 2016. There is no Physician Order for continuation of SSD 1% cream after / / , and no notation on back of Medication Observation Record (MOR) as to why cream was continued from / / - / / .

On / / at 2:45 PM, an interview was conducted with the Health and Wellness Director. She stated, " For [Resident #2], I checked with the doctor and the SSD 1% cream was not to be discontinued on / / ; it was to be continued." However, there was no current order on file to show SSD 1% cream

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2016
FORM APPROVED

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was to continue to be applied after 6/01/16.

The 2016 MOR, for Resident #2 shows Latonoprost eye drops not given from Notes on back of MOR indicate staff is "waiting on [physician's order], nurse notified."

On 8/1/16 at 2:50 PM, Health and Wellness Director stated, "Latonoprost eye drops were supposed to be discontinued after 1 month () because the first order was for a 1 month supply and the family didn't want to pay for it; that's why we didn't have the medication. It should have been discontinued on the MOR."

When asked why it wasn't followed up on each time the Med Tech notified the nurse regarding missing doses, the Health and Wellness Director did not have a response.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

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

RE: CCR #2016003623

Dear Administrator:

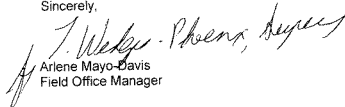
This letter reports the findings of a complaint survey that was conducted on _____, 2016 and _____, 2016 by a representative of this office.

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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than _____, 2016.** 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
Enclosure

XG90

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