

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964810</b>	(X3) DATE SURVEY COMPLETED  R
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NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE CONWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5501 EAST MICHIGAN STREET ORLANDO, FL 32822</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

A revisit to the Re-licensure survey with Limited Nursing Services was conducted at Brookdale Conway on . Brookdale Conway license #9286 had deficiencies at the time of the visit.

**0081 Trainina - Staff In-Service**

revisit conducted. Deficiency A-081 remained uncorrected.

Based on interview and personnel record review the facility did not provide or arrange for 1 of 4 sampled staff (A) to receive the mandated in-service training.

Findings:

Personnel record review for staff A, the administrator, hired / revealed a certificate dated / that indicated medical emergencies and emergency preparedness training. The training was from a continuing education on line (Internet) provider. Continued review revealed no evidence to confirm the training was regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

In an interview on at 2 PM with the Health and Wellness Director, who said the staff confirmed the staff needed an in-service training specific for the facility.

Class III

**Z814 Background Screening Clearinghouse**

revisit conducted. Deficiency A-Z814 remained uncorrected.

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening for 2 of 4 sampled staff (D and F).

Findings:

Review of the facility's Background Screening Clearing House roster on / at 1 PM revealed the facility's employee roster did not list staff D and F, both hired more than 10 days ago.

In an interview on at 1 PM with the business office manager who said that the staff was at corporate level and corporate handled the screenings and there was an issue with the social security number for staff D.

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/05/2016  
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE CONWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5501 EAST MICHIGAN STREET ORLANDO, FL 32822</b>	

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Unclassified

**Z815 Background Screening: Prohibited Offenses**

revisit conducted. Deficiency A-Z815 remained uncorrected.

Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (F), whom was in a role that required a background screening and was allowed to work without a level II background screening.

Findings:

Personnel record review revealed that staff F, was a Registered Nurse hired on 2008. Continued review revealed that a background screening dated [redacted] that indicated she was eligible to work in a AHCA licensed facility. A current background screening was not available for review. Review of the Agency's background screening website on [redacted] at 1 PM indicated that a new screening was required.

In an interview on [redacted] at 1 PM with the business office manager who said that the staff was at corporate level and corporate handled the screenings.

Unclassified

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11964810	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2      Y3
NAME OF FACILITY BROOKDALE CONWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 5501 EAST MICHIGAN STREET ORLANDO, FL 32822	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC. 429.28(1-2) FS LSC	Correction  Completed	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction  Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction  Completed
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction  Completed	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed
ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed
ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed
ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed	ID Prefix Reg. # LSC	Correction  Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE 10/16/16	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/10/2016			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2597) SENT TO THE FACILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

, 2016

Administrator  
Brookdale Conway  
5501 East Michigan Street  
Orlando, FL 32822

RE: Revisit to re-licensure survey with LNS

Dear Administrator:

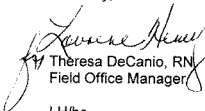
This letter reports the findings of a revisit survey conducted on 28, 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** , 2016.

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 surveyor. Should you have any questions please call this office at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

BBT7

Orlando Field Office  
400 W. Robinson St., Suite S-309  
Orlando, FL 32801  
Phone:(407) 420-2502; Fax:(407) 245-0998  
AHCA.MyFlorida.com



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