

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964897</b>	(X3) DATE SURVEY COMPLETED  <b>11/22/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE DEER CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442</b>	

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

**0000 Initial Comments**

An Limited Nursing Services monitoring survey was conducted on 11/22/16 at Brookdale Deer Creek (License# 9401). The facility had deficiencies identified at the time of the survey.

**N278 LNS - Records**

Based on record review and interview, the facility failed to ensure monthly nursing assessments were directly overseen by a Registered Nurse, for 2 (Residents #2 & #4) of 4 residents reviewed.

This is evidenced by:

The Florida Nurse Practice Act Chapter 464 requires that a Licensed Practical Nurse (LPN) works under the direction of a Registered Nurse (RN) or Physician. The facility is required to conduct a monthly nursing assessments by a RN or under the direct supervision of a RN of all residents receiving Limited Nursing Services (LNS).

Record review on 11/17/16 for Resident #2 reveals that the monthly nursing assessment completed on 11/17/16, 11/18/16, were signed by Staff B who is a LPN. There was no signature of a RN and no evidence of RN oversight.

Record review on 11/17/16 for Resident #4 reveals that of the monthly nursing assessments completed in 2016, there were only two months of documented oversight by a RN. The monthly assessments were completed by various staff LPNs to include 11/17/16, 11/18/16, 11/19/16, 11/20/16, 11/21/16, 11/22/16, and 11/23/16.

During an interview on 11/17/16 at 12:30 PM, it was confirmed that the DON is a LPN. She confirms that the monthly nursing assessments have no RN signature and there no evidence of RN oversight. She says that a new Clinical Director, hired 4-5 months ago, is the LNS supervisor and visits the facility monthly and is suppose to sign the assessments, review the plan of care and provide oversight.

Class III

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**Z815 Background Screening: Prohibited Offenses**

Based on record review and interview, the facility failed to ensure 1 (Staff A) of 4 employees reviewed received a background screening every 5 years as required.

This is evidenced by:

Record review on 11/11/11 revealed that Staff A, was hired on 11/11/11. Her previous background screening was completed on 11/11/11. There is no updated background screening on file completed by 11/11/11 as required to comply with background screening regulations for assisted living facilities. Review of the Agency for Health Care Administration background screening website, shows "A new screening is required" for Staff A.

Review of the facility's staffing schedule for the month of 11/2016 shows that Staff A has worked 8 shift this month. During an interview with the DON, she confirms that Staff A is currently on the schedule and has continued to work since 11/11/16 of this year.

During an interview with the Business Office Manager at 12:00 PM. He confirmed there is no updated background screening on file for Staff A. He stated he is in the process of auditing all files and she is on the list to be screened.

Unclassified



RICK SCOTT  
GOVERNOR  
JUSTIN M. SENIOR  
INTERIM SECRETARY

June 10, 2016

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

**RE: Limited Nursing Service (LMS) Monitoring Visit**

Dear Administrator:

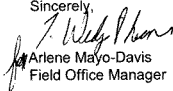
This letter reports the findings of a state LMS licensure survey that was conducted on June 10, 2016 by a representative of this office.

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 June 10, 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.shtm> 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/dso  
Enclosure  
XG90

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