

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X3) DATE SURVEY COMPLETED 08/03/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 08/02 -08/03/2017 at Brookdale Willow Wood (License#7288). There were deficiencies found during the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled residents (Resident#12) was assessed after significant change and that the Resident Assessment (AHCA Form 1823) was accurate and reflective of the resident's care needs.

The Findings Included:

Review of Resident#12's most recent Health Assessment (AHCA Form 1823) dated _____ (Admission Date) documented the following diagnosis: _____, History of Right _____ and _____ listed as: _____ with _____ Nursing / Treatment / _____ and special precautions listed as: Medication Management due to _____. The form also documented the resident as a _____ precaution. The residents Activities of Daily Living are documented as Independent with eating, Supervise _____ With a Assist with _____ and _____. The resident requires Administration of medications.

During Resident#12's record review, it was revealed Resident#12 was admitted to _____ on _____. Further review revealed, there was no new Health Assessment completed to reflect the admission or the current care needs of Resident#12.

During the observational tour on _____ at approximately 12:30PM, Resident#12 was observed eating independently. During this time, a interview was conducted with her _____. The Aide stated she has worked for Resident#12 for the past 4 years and she was recently placed on _____ care. She also stated Resident#12 requires _____ with _____.

During an interview with the Director of Nursing on _____ at approximately 2:00PM, she stated there had not been a new Health Assessment (AHCA Form 1823) completed when Resident#12 was admitted to _____.

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During an interview with the Executive Director on 08/03/2017 at approximately 2:30PM, he acknowledged the findings and provided no additional documentation for review.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on employee record review, the facility failed to ensure each staff member had a signed and dated job description in the employee file , and failed to obtain a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease, for 1 of 4 sampled staff (Staff C).

The Findings Included:

On 08/03/2017 at approximately 1:00PM, a record review was conducted on Staff C's file. It revealed:

- a) Staff C did not have a signed and dated job description for Certified Nursing Assistant (CNA) on file.
- b) Staff C did not receive a written statement from a health care provider documenting that she does not have any signs or symptoms of communicable disease or 2017. The last date of documentation was dated 7/10/2016. The business office manager was given an opportunity to retrieve the documentation .

During an interview with the Executive Director on 08/03/2017 at approximately 2:30PM, he acknowledged the findings and provided no additional information for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment and ensure that the facility was maintained free of hazards, for 7 of 118 sampled residents.

The Findings Included:

On 08/02/2017 and 08/03/2017 between the hours of 9:30AM and 12:00PM, a tour was conducted and it revealed:

- a) In Room#'s 236, 163, 247, 160, and 162, the in room patio's were observed with drainage holes clogged with paint, preventing rain water from draining off the patio. During this time interviews were

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<p>conducted with the resident's and they all stated when the facility paints the patio's, the hole are clogged, causing rain to pool and creating a fall hazard. The resident's also stated they have to put in a work order to have the paint removed from the drains. During an interview with the Maintenance supervisor, he confirmed the paint clogs the drains and that the paint is not automatically removed, causing the water to pool on the patio. He also confirmed the residents have to put in a work order to have the paint removed from the drain.</p> <p>b) In Room#459 the air conditioner is not working, the room is warm. During this time, the Maintenance supervisor was notified that the Air conditioner was not working.</p> <p>c) In Room C139, under the wall unit air conditioner, there is discoloration and water stains under the air conditioner unit inside the resident room. The air conditioner is actively leaking.</p> <p>During an interview with the Executive Director, on 08/03/2017 at approximately 2:30PM, he acknowledged the findings and provided no additional information for review.</p> <p>Class III</p> <p>2814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</p> <p>Based on employee record review and interview, the facility failed to register and maintain all employees with the clearinghouse and maintain employment status of all employees with the clearinghouse for 7 of 13 sampled personnel records reviewed.</p> <p>The Findings Included:</p> <p>Review of the clearinghouse roster conducted on 08/03/2017 revealed that 7 of 13 employee records reviewed (Employee's B,E,F,G,H,I,J), indicated the facility had not updated the clearinghouse roster within 10 days of hire and termination.</p> <p>A review of the facility's employee list revealed the following:</p> <p>New Hire:</p> <ol style="list-style-type: none"> 1) Employee B, hire date of 06/06/2007 and is employed as a Certified Nursing Assistant 2) Employee E, hire date of 07/10/2017 and is employed as a Certified Nursing Assistant <p>Terminations:</p> <ol style="list-style-type: none"> 2) Employee F, termination date of 07/21/2017 		

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<p>3) Employee G, termination date of 07/6/07/2017</p> <p>4) Employee H, termination date of 07/20/2017</p> <p>5) Employee I, termination date of 06/28/2017</p> <p>6) Employee J, termination date of 06/14/2017</p> <p>During an interview with the Executive Director and the Business Office personnel, the findings were acknowledged and there was no additional documentation provided for review.</p> <p>Class III</p>		