STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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 Re-licensure Survey was conducted on through and through at Brookdale West Boynton Beach assisted living facility, license #9384. The facility had deficiencies at the time of the visit.

Deficient practice identified at a Class II for A 0010, A 0025 & A 0031

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

Based on record review, observation and interview, the facility failed to ensure that 4 of 4 sampled residents (Resident #5, Resident #14, Resident #27, Resident #28) were reassessed after a significant health decline; and that the residents Health Assessment form (AHCA 1823 Form) was accurate and reflective of the current condition, diagnosis and care needs (including nursing needs and third party services); to ensure that the resident met the criteria for continued residency and that the facility could met all of the care needs of the resident. This is evidence of the facility failure to monitor additional care needs required for 4 out of 4 sampled residents (Resident #5, Resident #14, Resident #27, Resident #28) as physician ordered due to decline in health status and/or change in condition.

The Findings Included:

1) During an interview with Resident #14 on at 10:35 AM, she stated that she gets care from two home health nurses each from a different company (Company A and Company B, agency names provided). She stated the Home Health Agency is treating the on her back and feet (separate agency for each). Resident #14 revealed that she has been receiving care for a while at the facility. She also stated that she stores all of her medications in her self -administers without any assistance from the facility. Further observation of Resident #14 on revealed both of her feet were severely . The right foot was more then the left and purplish in color. According to the resident, her feet have been for a while; some days are worse than others. The resident was observed to be extremely frail, unable to lift upper extremities beyond her upper body and was positioned in the wheelchair, slumped to the side. The resident stated she is unable to ambulate and is either in her wheelchair or motorized scooter at all times, unless she is her in bed. Resident #14 also informed the surveyors that she performs all of her ADLs herself except with dressing (staff assist her daily). Resident #14 also provided a detail explanation of how she transfers to the toilet and/or the bed daily then back to her wheelchair/scooter alone with no assistance from staff. When asked do staff come and ask if you need help or try to assist, she replied "no". She also stated that she gives herself wipe with baby wipes and that she is unable to take a shower due to the open

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

on her back. The resident was asked again before terminating the interview, if staff assisted her with toileting and bathing, she stated "no". Observations of the resident's condition revealed that she would require assistance and/or supervision with all ADLs from the staff.

During an interview with the Wellness Director on at 11:16 AM , it was asked if she was aware of Resident #14's feet or of the home health company treating Resident #14 for wounds and which company. She stated , she was not aware of the resident's current condition until she observed the feet during escorting the surveyors to the residents' was she aware of the home health agency involvement until today. She stated, the resident was probably receiving home health services from the in-house home health agency "name". However, this was incorrect based on the information provided by Resident #14. She was advised of the two home health agencies provided by Resident #14. She stated she had to do some research and call the company to obtain the notes and current status and would follow-up with the surveyor. She stated she was not aware of any services provided to this resident for care. She was also asked why staff had not informed her of the resident's condition with respect to her feet and her back, if staff had provided assistance with ADL care daily as required per Resident #14's 1823. She provided no explanation, she remained silent.

Record review revealed Resident #14 was admitted on . During a review of Resident #14's Health Assessment form, it was revealed that the form was not accurate or reflective of the resident's current condition and care needs. The 1823 form dated (with an additional date on each page of) listed her diagnosis as Left leg , Atrical , and . Physical or sensory limitations documented as wheelchair bound; or behavioral status listed as forgetful at times. The form documents "none" for nursing/treatment/ service requirements. The form also shows the residents ADLs as assistance with "x1 assist" and independent with eating. Under the status section, all questions marked "no". The resident is also noted as able to administer meds without assistance. Review of the resident's file revealed no documentation regarding services provided by the home health agencies.

Review of Resident #14's Service Plan completed by the facility revealed discrepancies with respect to the resident current condition and care needs. For example, "resident is able to wash hair" is noted to be inaccurate on the plan based on observation of the resident's contracted arms and fingers. The plan also stated that she would receive assistance with baths/showers from the facility. However, during an interview with staff (assigned to the resident and/or works on the same wing in which the resident resides) and the resident, it was determined this service is not provided to the resident. The form also documented resident would receive assistance with ADLs, it was determined that this service is not be coordinated and provided by staff daily. Further observation of the service plan revealed diagnosis such as Failure and Parkinson's that is not listed on Resident #14's Health Assessment form.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

Under the section labeled "escort and mobility" it stated" Be alert to heightened risk for falling. Resident has in the last twelve months. Resident has with harm/injury with outside treatment (Severity Code 3)." On resident #14's Health assessment form Risk is not listed. This was also brought to the attention of the Wellness Director and no explanation for the discrepancies was provided.

During an interview with the Wellness Director on at 3:17 PM, she stated that she talked to one of the home health nurse for Resident #14. The home health nurse stated that she has been treating Resident #14 for years and that she has metal in her back and she has one in which the metal has broke through the skin on her back and is constantly draining. She further stated with respect the on her foot, she has hematoma on her foot that is currently being treated. However, she still had not been able to reach the second home health agency. The surveyor, at this time, addressed with the Wellness Director the concerns regarding the care that is being received from Home Health has not been coordinated with the facility and is not listed on the most current AHCA 1823 Health Assessment form. The Wellness Director acknowledged the findings, no further information was presented at this time.

2) Review of Resident #5's AHCA Form 1823 Dated: , revealed the resident has a diagnosis of , , RTF (, , Tract Fluid). Shoulder , . The resident is documented as independent with all Activities of Daily Living (ADLs) and required supervision with showers. The resident has no documented Physical or sensory limitations, and no nursing / / or service requirements.

On at 10:30 AM, Resident #5 was observed wearing a external leg bag attached to a indwelling . There is no documentation on the residents AHCA Form 1823 reflecting the resident has a .

The facility's Limited Nursing Service Records were reviewed. The facility's nurse provides daily care and a third party provider changes the as needed.

3) Review of Resident #27's AHCA Form 1823 Dated: , revealed the resident was admitted on with a diagnosis of: Type II , Over active , , , Displaced , of small , left muscle , . Physical or sensory limitations were flaccid left , and Behavioral status; alert and oriented with some forgetfulness. Requires nursing and , . Risk. Resident requires assistance with all Activities of daily living.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017
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)

Review of Resident#27's progress notes dated revealed the resident was admitted to Hospice. There was no updated AHCA Form 1823 obtained to reflect the residents current care needs and Hospice services.

4) Review of Resident #28's AHCA Form 1823 Dated , revealed the resident was admitted on with the diagnosis of: , , , , . Physical and Sensory limitations: Requires with Activities of Daily Living, or behavioral status- alert with . Requires assistance with medications administration. No special precautions documented. The AHCA Form 1823 documents the resident needs 1 person assist with all activities of daily living, except eating and only supervision is needed. The resident requires a pureed diet with thin liquids. Review of the residents observation records revealed the resident was admitted to Hospice on to crisis care. Further review revealed no documentation on AHCA Form 1823 regarding admission to Hospice. The current AHCA Form 1823 does not reflect the current care needs of the resident.

During an interview with the Wellness Coordinator on at approximately 3:30 PM, she acknowledged the findings and provided no additional documentation for review.

Refer to A 0025 & A 0031 for additional findings.

Class II

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility failed to provide care and services appropriate to meet the needs of the residents accepted for admission to the facility, for 1 of 4 sampled residents (Resident #14). As evidence of the facility failing to provide assistance and/or supervision to Resident #14 with his/her Activities of Daily Living (ADLs).

The findings include:

During an interview with Resident #14 on at 10:35 AM, she stated that she gets care from two home health nurses each from a different company (Company A and Company B, agency names provided). She stated the Home Health Agency is treating the on her back and feet (separate agency for each). Resident #14 revealed that she has been receiving care for a while at the facility. She also stated that she stores all of her medications in her self

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

-administers without any assistance from the facility. Further observation of Resident #14 on revealed both of her feet were severely . The right foot was more then the left and purplish in color. According to the resident, her feet have been for a while; some days are worse than others. The resident was observed to be extremely frail, unable to lift upper extremities beyond her upper body and was positioned in the wheelchair, slumped to the side. The resident stated she is unable to ambulate and is either in her wheelchair or motorized scooter at all times, unless she is her in bed. Resident #14 also informed the surveyors that she performs all of her ADLs herself except with dressing (staff assist her daily). Resident #14 also provided a detail explanation of how she transfers to the toilet and/or the bed daily then back to her wheelchair/scooter alone with no assistance from staff. When asked do staff come and ask if you need help or try to assist, she replied "no". She also stated that she gives herself wipe with baby wipes and that she is unable to take a shower due to the open on her back. The resident was asked again before terminating the interview, if staff assisted her with toileting and bathing, she stated "no". Observations of the resident's condition revealed that she would require assistance and/or supervision with all ADLs from the staff.

During an interview with the Wellness Director on at 11:16 AM , it was asked if she was aware of Resident #14's feet or of the home health company treating Resident #14 for wounds and which company. She stated , she was not aware of the resident's current condition until she observed the feet during escorting the surveyors to the residents' was she aware of the home health agency involvement until today. She stated, the resident was probably receiving home health services from the in-house home health agency "name". However, this was incorrect based on the information provided by Resident #14. She was advised of the two home health agencies provided by Resident #14. She stated she had to do some research and call the company to obtain the notes and current status and would follow-up with the surveyor. She stated she was not aware of any services provided to this resident for care. She was also asked why staff had not informed her of the resident's condition with respect to her feet and her back, if staff had provided assistance with ADL care daily as required per Resident #14's 1823. She provided no explanation, she remained silent.

During a review of Resident #14's Health Assessment form, it was revealed that the form was not accurate or reflective of the resident's current condition and care needs. The 1823 form dated (with an additional date on each page of) listed her diagnosis as Left leg , Atrical and . Physical or sensory limitations documented as wheelchair bound; or behavioral status listed as forgetful at times. The form documents "none" for nursing/treatment/ service requirements. The form also shows the residents ADLs as assistance with "x1 assist" and independent with eating. Under the status section, all questions marked "no". The resident is also noted as able to administer meds without assistance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

Review of Resident #14's Service Plan completed by the facility revealed discrepancies with respect to the resident current condition and care needs. For example, "resident is able to wash hair" is noted to be inaccurate on the plan based on observation of the resident's contracted arms and fingers. The plan also stated that she would receive assistance with baths/showers from the facility. However, during an interview with staff (assigned to the resident and/or works on the same wing in which the resident resides) and the resident, it was determined this service is not provided to the resident. The form also documented resident would receive assistance with ADLs, it was determined that this service is not be coordinated and provided by staff daily. Further observation of the service plan revealed diagnosis such as Failure and Parkinson's that is not listed on Resident #14's Health Assessment form. Under the section labeled "escort and mobility" it stated" Be alert to heightened risk for falling. Resident has in the last twelve months. Resident has with harm/injury with outside treatment (Severity Code 3)." On resident #14's Health assessment form Risk is not listed. This was also brought to the attention of the Wellness Director and no explanation for the discrepancies was provided.

During an interview with the Wellness Director on at 3:17 PM, she stated that she talked to one of the home health nurse for Resident #14. The home health nurse stated that she has been treating Resident #14 for years and that she has metal in her back and she has one in which the metal has broke through the skin on her back and is constantly draining. She further stated with respect the on her foot, she has hematoma on her foot that is currently being treated. However, she still had not been able to reach the second home health agency. The surveyor, at this time, addressed with the Wellness Director the concerns regarding the care that is being received from Home Health has not been coordinated with the facility and is not listed on the most current AHCA 1823 Health Assessment form. The Wellness Director acknowledged the findings, no further information was presented at this time.

During confidential staff interviews on and , it was revealed that Resident #14 was not being assisted with ADL care , including baths/showers. It was revealed that the staff members are documenting that Resident #14 is refusing (documenting "R") next to her name . However, during further interviews it was revealed that staff are not offering the services and have not informed the Administrator and the Wellness Director. It was also noted that based on her ADL sheet repeatedly being documented as "R" and her decline neither the Wellness Director or the Administrator have inquired into the residents care.

During an interview with Resident #14's representative on at 2:04 PM, it was confirmed that the resident is receiving care. It was revealed that the facility is charging the resident for services that are not being provided with respect to care and services. For example, the facility is charging for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	8220 JOG ROAD BOYNTON BEACH, FL 33437

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

escorting the resident in her motorized scooter. Please note, at no time during the survey were staff ever observed assisting or escorting the resident. Secondly, the representative confirmed that wipes are purchased so that Resident #14 is able to give herself wipe off baths on the toliet.

Refer to A 0010 & 0031 for additional findings

Class II

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on observation, interview and record review, the facility failed to coordinate with the third party provider to facilitate the receipt of care and services to meet the , resident's needs. This was evidenced by the failure to develop, implement and document the facility policy for the coordination and oversight of third party services for monitoring/care to 1 of 4 sampled residents, (Resident #14) who had history of , weight loss and physical decline.

The findings include:

Review of the medical record indicated that Resident #14 was admitted to the facility on due to generalized , sustaining numerous while at home and requiring increased assistance with her Activities of Daily Living (ADL) care. The resident's medical history includes scoliosis, multiple back surgeries with rod placement, , ( ), , ( ), and chronic .

Review of the current AHCA 1823 Resident Health Assessment form dated on indicated that Resident #14 was alert, but forgetful at times. The resident was assessed to require one- person assistance for her ADL care, excluding ambulation since the resident was documented as wheelchair bound, utilized a motorized scooter for mobility. Further review of the 1823 form indicated no , no nursing services requirements or risk precautions for this resident.

In an interview with the staff nurse who was on duty on at 7:45 AM she stated that Resident #14 was receiving care, which was performed by the Home Health Agency nurse. The facility nurse stated that she did not participate in making any observations of the resident's skin or perform any care. She stated that she had received no updated information regarding the resident's /s status. She stated that Resident #14 had severe physical limitations due to her spinal condition and overall and decline. The nurse stated that due to Resident #14's physical status she required assistance with bathing, dressing, and toileting but was able to get from bed to her scooter unassisted.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

The nurse accessed the facility internal incident reporting system to review any recent injury/ hospitalizations for Resident #14. The nurse stated the only recent incident report had been on at 2:30 AM indicating the resident was found on floor in her her leg pinned under her scooter. The report indicated that the resident had sustained multiple to the extremities and a laceration to the left great toe, which required transfer to the ER for stitches. The nurse stated that there were no other incidents reported for Resident #14.

Review of Resident #14's personalized facility service plan dated on indicated that the resident was evaluated to be able to perform showering tasks with staff attention and / or verbal prompts as needed, and able to wash her upper and lower body and shampoo her hair. The plan indicated that the resident preferred a shower or bath 3 x a week. Further review indicated the resident required assistance help for toileting. The plan further stated that the resident required escort assistance due to history of in the last 12 months, which required outside treatment.

In an observation and interview with Resident #14 on at 8:30 AM, she was observed in bed lying on her side. When the resident sat upright, she was observed to have severe spinal deformity causing her to lean forward and unable to straighten her back. She stated that she was independent for her ADL care,"as much as possible" but needed some assistance with bathing and dressing. She stated that she transferred independently to her scooter and to the toilet with no assistance. When questioned about care for toileting, she stated that she is continent, and able to control her . Resident #14 stated during the night when she needs to go to the , she goes by herself since she does not want to wait for assistance. She stated that she had no recent but gets very short of breath due to , when she transferred herself. She recalled that she had about a year ago during the night while attempting to get to the , herself and got her leg caught under the scooter. She could not remember any details of the incident but recalled waking up in the hospital. She stated that she "lives with chronic aches and pain" due to her spinal condition and the surgical rod/hardware was protruding out of her back causing a chronic . She stated that the Home Health Nurse had been visiting her at home for years prior to her admission to the facility and now makes a visit weekly, along with a nurse practitioner to perform care. She stated that she self- administers medication daily to prevent . Resident #14 stated that she had paper-like, fragile skin and had developed a new on top of her right foot. She stated that she was receiving care 2 x week but could not recall any direct injury or cause of the . She stated that both of her feet swell up like "balloons" due to poor circulation and she uses compression socks daily. She stated that due to the right foot , she was unable to use the compression sock on her right leg. When questioned if she was instructed to elevate her legs/feet during the day, she stated that she get into bed after lunch to rest and raise her foot. She stated that the facility nurses had not observed her wounds or performed care, only the home health nurses.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

During observation for Resident #14 on at 8:50 AM with the facility nurse, the resident sat by the side of her bed, her spine was curved severely and she was unable to straighten her spine. On her upper back, a protruding bump approximately 2 inches in diameter was observed and a small dressing was noted above the location. The dressing was lifted by the facility nurse, which exposed an open , with small amount of dried bloody drainage noted. Observation of Resident #14's lower extremities revealed purplish, blackened colored, fragile skin. The resident's left foot was observed with pinkish skin, no and no wounds were noted. The right foot/ lower leg had a tube sock covering the entire leg with only the toes exposed. All five toes were observed to be edematous, with fluid trapped under the skin. The nurse lifted the dressing on the dorsal aspect of the right foot, to expose a 1 inch, open, pinkish with dried drainage noted on the dressing. Additionally, Resident #14's left upper arm was observed with a gauze bandage wrapped around the arm and no placement date was noted on the bandage. The nurse was questioned about this , and she stated that she was unaware of the and had received no report from the previous shift nurse. Resident # 14 stated she had bumped/ rubbed her arm against a wall while moving her scooter into the dining Sunday . The resident stated that the "rub" caused a deep jagged , which had continued to even after the nurse placed a -aid and reinforced gauze over the tear. The nurse removed the gauze dressing and attempted to lift the -aid but the resident's skin was adhered to the bandage, requiring the nurse to use normal to loosen it. See photo evidence. The was crusted with and stuck to the bandage, which caused Resident #14 to say "ouch". The resident's left was noted to have dark purplish down the entire arm, encircling the . Resident #14 stated she was unaware if either of the two home health nurses had been notified of the new . She stated that no facility nurse had cleansed or changed the dressing since the incident occurred 2 days ago.

Review of facility shift report log dated on 9/3-9/4 indicated that " care was completed on left arm ." Review of the facility progress notes indicated no nursing documentation of the incident / care or notification of family, health care provider or Home Health Nurse. Additionally, there were no care orders to treat the new located in the record.

In an interview with the Home Health Agency nurse on at 1:25 PM, she stated that she had been caring for Resident #14 for years when she lived at home. She stated that Resident #14 was alert and oriented and very capable of making her needs known. The nurse stated that the resident had metal hardware in her spine, which was now protruding outward thru the skin. She stated that Resident #14 was very frail and had significant weight loss, which contributed to the hardware being right under the skin on her back. She stated that as a result, the hardware was causing a chronic , with drainage. She stated that the only correction action would be surgical and the resident was not a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	**8220 JOG ROAD BOYNTON BEACH, FL 33437**

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

for surgery. The nurse stated that Resident #14 was also being visited weekly by a . . . . care Advanced Registered Nurse Practitioner (ARNP) who assessed the wounds and prescribed . . . . . care treatment. The nurse stated that Resident #14 had developed an open on her right foot, started as a hematoma due to . . . . . The . . . . was a . . . . . , but now it was open with no . She stated that the was slow to heal due to the poor circulation and in Resident #14's lower legs. The nurse stated that the resident's toes on the right foot were very because the compression sock could not be used, due to the . She stated that Resident #14's "feet blow up like balloons when left down or dependent". When the nurse was questioned, if in her nursing judgement Resident #14 would be considered a risk due to her increased and physical limitations, the nurse stated that she thought it was a miracle that the resident had not . . . / injured herself. The nurse stated that Resident #14 required assistance with her ADL care, and definitely with transfers. The nurse stated that she has been regularly visiting Resident #14 at the facility since her admission and had never been approached or been asked to provide any form of report/communication to the facility nurse/s about the resident's condition or any . . . care treatments provided. Additionally, she stated that she was unaware of the new on Resident #14's left arm.

Review of the Home Health Agency nurse progress note dated on indicated that Resident #14 was alert and oriented, but forgetful. The note indicated that the resident was wheelchair dependent and had functional limitations including /bowel, hearing, endurance, ambulation, activities as tolerated due to pain. The resident's prognosis was listed as guarded/ decline is possible. The note further indicated that the resident required safety measures including precautions and control for . . . management. The note documented . . care treatment to a chronic non- healing . , on the resident's upper back and to an open on the right foot weekly.

In an interview with Resident #14's son on at 8:30 AM he stated that his mother moved to the facility about 2 ½ years ago. He stated that she had a medical history of scoliosis with surgical rod placement many years ago. He stated that due to her age and physical decline along with weight loss, the metal rod in Resident # 14's back was now protruding thru the skin, causing a chronic non-healing . He stated that the resident was not a for surgical correction. He stated that Resident #14's skin was very fragile and she had a history of . . . . . He stated that he was aware that the ARNP and Home Health nurse made weekly visits to perform care. He stated that he was unaware of the new . . . that occurred over the weekend, since he received no call from the facility or from the Home Health nurses.

In an interview with the Health and Wellness Director on at 9:00 AM, she was requested to provide any communication/reports/ notes from both the ARNP and Home Health nurse. The Director stated that she was not aware that Resident #14 had been receiving care from 2 separate

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	8220 JOG ROAD BOYNTON BEACH, FL 33437

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

nurses, she was only aware of the ARNP visits. She stated that she had not been conducting care observations/ monitoring of Resident #14's wounds or been participating in rounds with the ARNP. The Director stated that she had been at the facility for 8-9 months and had not been documenting any nursing notes about the resident's wounds. She stated that she had been notified by the AHCA surveyors about the resident's wounds and 3rd party providers. She stated that the facility nurses were not performing care and therefore she had not been following Resident #14's progress. When questioned, if the Home Health Nurse or ARNP had communicated with the facility, the Director stated that unfortunately there had been no communication between the facility and the 3rd party providers. She stated that she had not requested any care nursing notes until the surveyors requested documentation for review. When she was questioned about Resident #14 being documented as high risk for development, and that the facility held a higher level licensure type, Limited Nursing Services (LNS), the Director stated that she never considered that option of care for Resident #14. In an additional interview with the Wellness Director, she stated that the facility policy required that staff will complete an incident report when a resident is injured and that she will investigate each incident. She was asked to review the 24-hour shift report log book which indicated that Resident #14 had sustained an injury on and was treated by the facility nursing staff. The Director stated that she had no notification of the incident/injury and would have to investigate. She stated that she was unaware if the physician had been notified for care orders.

Review of Resident #14's medical record indicated no facility documentation of the resident's history and condition of /s since admission or any subsequent nursing care observations/ treatments for the resident.

Refer to A 0010 & A 0025 for additional findings.

Class II

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on interview and observation, the facility failed to create the minimum identification required, for 15 out of 15 sampled Memory Care residents including their name, facility, address and telephone number.

The findings include:

On during the initial tour of Clare Bridge (Memory Care Unit), observations revealed that none of the 30 residents had identification on the as required. The Wellness Director confirmed all of the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	8220 JOG ROAD BOYNTON BEACH, FL 33437

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

residents residing in the memory care unit are considered to be at risk for elopement.

On at 1:05 PM an interview was conducted with the Business Office Manager (BOM) inquiring about identification on all elopement risk residents. BOM explained that they have a book located in the lobby with all the residents names and this was the only procedure in place for residents at elopement risk.

On at 2:02 PM, an interview was conducted with the Administrator inquiring about the identification specifically for residents in the Clare Bridge unit. The Administrator stated "I was under the impression that if residents are in a secured facility, they do not need additional identification. Administrator was referred to state regulation 0032.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure each resident received his or her physician ordered medications in a timely manner, for 7 of 14 sampled residents (Resident #19, Resident #20, Resident #21, Resident #22, Resident #24, Resident#29, Resident #30). As evidence of the facility failure to have sufficient staffing to ensure each resident is assisted with his or her medications timely as phyician ordered.

The Findings Include:

The following was observed during the medication pass in the medication # (located within the AL unit) on and :

A) On at 10:10 AM, medication pass was observed with Staff B, for Resident #24 who received: Anastrazole 1mg-1 tab daily, 1000 mcg- daily, HCl 5mg. Daily, HCl 10mg. Daily, 10mg Daily, Amoldopine Bsylate 5mg. Three times a day, 325mg. 2 tab every 12 hours, Otemesartan 40mg Daily, Clopidogel 75mg. daily, Succ. ER 25mg Daily, D32000 IU two per day. The resident's scheduled medication time was 9:00 AM. The resident did not receive the 9:00 AM scheduled medication until 10:10 AM.

On at 1:02 PM, medication pass was observed with Staff B , for Resident #29 who received

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

50mg. Tablets 1 tab three times a day, and . . . , . . 100mg capsule 1 cap three times a day. The scheduled medication time was 12:00PM and the resident actually received the medication at 1:05PM.

On at 1:07 PM, medication pass was observed with Staff F, for Resident #30 who received: . . . , . . 300mg. Capsule- 1 cap three times a day. The scheduled medications time was 12:00 PM, the resident received the medication at 1:10 PM.

At this time an interview was conducted with Staff B. Staff B stated medication pass is started at 7:30 AM and 12:00 PM. However, the residents come to the wellness center to receive their medications after breakfast and lunch. Once everyone at the wellness center has received there medications, the electronic Medication Observation Records are reviewed to determine which residents have not received their morning or afternoon medications. Once determined, the staff then locate the resident and assist with self-administration of medication at that time.

Additional random observations of the medication pass on . . . . . revealed the medications were delayed and provided outside of the 1 hr window of the dosage time. Confidential interviews with staff revealed there is insufficient staffing to meet the needs of the residents with respect to passing the medications timely and caring for the residents.

Further observation reveal on that a Staff J unplugged the medication cart to go onto the floor to complete medpass at 9:00 AM. Staff J had Cart #1 and Cart #2. Cart #1 had 8 remaining patients to recieve medications and Cart #2 had 7 patients waiting to recieve medications. Additional observation revealed approximately 8 residents were waiting in the activity . . . . . from medication . One of the residents were observed complaining about having to wait so long. One resident stated that she was not feeling well because she had not gotten her meds on time. During a random interview with LPN on duty that day she stated that she acts that way all the time when she does not recieve her meds on time. While the poeple were waiting outside there were also about 4 people waiting inside the get medications. During random a confidential interview with staff, it was revealed there is insufficient staffing to pass the meds due to the residents coming at all different times. They have a large volume of meds to give and they have to track down residents that fail to come to their get meds and that can be 10 -12 residents per medtech or more with the residents being located in various parts of the building. By the time they finish the medpass on somedays the next pass is due. For example, a random medpass staff was observed finishing 30 minutes before the noon medpass was due. Observation of the med pass also reveal that two of the staff that pass medications finish there medpass early. Neither staff members assist the other staff member who were still giving meds.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017
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)

The following was observed during the medication pass in medication # (located within the memory care unit) on and :

On at 12:34 PM, an interview was conducted with Staff F (LPN). This interview consisted of an overview of the medpass system (Point Click System) the facility use to issue meds to the residents. Staff F explained when residents are due for medicine each resident's name and picture will be coded with the color yellow, when residents have taken the medicine, MOR has been signed and saved, the resident name and picture will be color coded in green, when the system is color coded in red this is an indicator that the resident is overdue for meds. This was confirmed by Staff G (Manager present during medpass) stating, "We never want it to be in the red zone". Observations of the 12 PM, med pass revealed the medications were given timely. According to the LPN, the meds pass start at 12 PM regardless of the time of the lunch meal. Medications are passed throughout the lunch period to ensure medications are provided to the residents in a timely manner.

On at 9:49 AM while observing medpass 8 residents in total were counted in the red zone, indicating they were over 1 hour past due for receiving there medicine. According to the MT, the medpass is always late because residents are not rushed to eat and medicine is given after residents finish eating An interview was conducted with Staff E (Medtech) inquiring how would the next shift know that the 8 residents were given medication late and how would the next shift adjust the next medication dose that should be given due to the untimeliness of receiving the medication; MT stated the next shift would have to look for that information and currently there is not a system in place when medication is given late to adjust it. medpass was concluded at 10:55 AM.

During a follow up interview with the wellness director regarding the medpass in the clear bridge unit we asked the wellness director if an audit was condcuted of the medpass system delay and untimliness and she repsonded no. The wellness director advise the medpass system was fairly new and they were still adjusting to the system.

During a interview on at approximately 2:30 PM, the concerns were discussed with the wellness coordinator. She stated her staffing is done according to the facility staffing policy and according to the policy she has enough staff to cover each shift. She acknowledged the findings. However, she did acknowledge that the medications were not being passed in a timely manner.

B) Observations were made of the medication pass on beginning at 9:49 AM

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

1. During an observation at 10:10 AM of medication provision for Resident # 21, the surveyor observed the following:

The Medical Technician (MT) checked the resident's medication observation record. The MT then sanitized her hands, removed Resident #21's pharmacy labeled medication prefilled square packet from the medication cart,
pushed the medications into the residents hand and asked the resident to swallow the medications. During this observation, at no time did the MT identify the medications or use for the medication being provided to the resident.

2. During an observation at 10:15 AM of medication provision for Resident #20, the surveyor observed the following:

The Medical Technician (MT) checked the resident's medication observation record. The MT then sanitized her hands, removed Resident #20's pharmacy labeled medication prefilled square packet from the medication cart,
pushed the medications into the residents hand and asked the resident to swallow the medications. During this observation, at no time did the MT identify the medications or use for the medication being provided to the resident.

3. During an observation at 10:21 AM of medication provision for Resident #19, the surveyor observed the following:

The Medical Technician (MT) checked the resident's medication observation record. The MT then sanitized her hands, removed Resident #19's pharmacy labeled medication prefilled square packet from the medication cart,
pushed the medications into the residents hand and asked the resident to swallow the medications. During this observation, at no time did the MT identify the medications or use for the medication being provided to the resident.

4.During an observation at 10:37 AM of medication provision for Resident #22 , the surveyor observed the following:

the Medical Technician (MT) #A checked the resident's medication observation record. The MT did not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

sanitized her hands, removed Resident #22's pharmacy labeled medication prefilled square packet from the medication cart, pushed the medications into the residents hand and asked the resident to swallow the medications. The resident grumbled about the medication being to big and the MT reached down into the cup that contained all of her tablets and broke them in half. The MT proceeded back to the cart to sign off on the MOR when a prescribed cream called Triacinolene Ointment USP 0.1% was taken out of the med cart. The MT signed the MOR that resident did swallow all of her medication and clicked in the system that this cream was applied when in fact was not applied. Surveyor asked why wasn't the cream applied and MT advise she will apply when the resident is finished getting ready. After the medications were signed that the cream was applied to the resident, a message was prompted on the screen to determine a pain level; the option for pain levels was between 1 (lowest level of pain) - 10 (highest level of pain). During the time in the MT never ask the resident her pain level or how she felt, the MT made the assumption, proceeded to choose a pain level of eight and signed the MOR.

C. Additional observations of the medication system within the facility revealed the facility have no system set in place to ensure the timliness of medpass and to ensure sufficient staffing to meet the medication needs.

Class III

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

Based on observation, interview and record review, it was determined the facility failed to ensure that each staff member had evidence of a negative examination documented on an annual basis, for 1 of 11 sampled staff records (Staff D).

The Findings Include:

During an Employee Record Review of Staff D's file at 1:43 PM on it was observed that there was no evidence of a negative examination documented from a licensed healthcare provider.During an interview with the Business Office Manager (BOM) at 1:45 PM on , it was asked "Do you have a negative statement for Staff D?" The BOM stated I do but I will have to go look for it." During the time the survey was conducted on and the BOM had the opportunity to find the documentation. No further documentation was provided.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/07/2017
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)

Class

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

Based on observation and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order for 30 of 30 sampled Residents.

A. The entrance/exit door of the wellness center was observed broken with a huge hole around the knob unable to be utilized to secure closure.
B. A large patch with light markings was located approximately five feet away from the door medication
C. The AL (Assied Living) medication extremly cluttered with various items making limited available space to be used by staff to pass meds to the resident.
D. The AL medication unclean, floor sticky and various particles noted on items in the to be used by staff (privacy screen, counter tops of med carts, etc).
E. Unused tank was observed directly on the ground and not properly secured.
F. - The floor was lifted in various spots posing a tripping hazard for the resident.
G. - Headphone cord with the edges severed used to open and close resident door interfering with the walk way.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review, interview and observation, the facility failed to ensure that the contract for 3 out of 3 sampled residents' contracts (Resident #17) reviewed were updated/amended upon changes in monthly rental rate

The findings include:

A review of Resident #17 revealed that the resident entered the facility jointly with a parent on , 2013. They shared a the cost of stay was for a two person , facility policy. Upon the expiration of the parent, the resident was moved to a different the contract was never adjusted/or amended to reflect the change for Resident #17.

The Administrator provided a document reflecting the change in the resident's , but

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

acknowledged that the contract was not updated after resident's (mother) expired and her being moved to a single .

Class

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interviews, the facility failed to maintain an accurate background screening roster, for 11 out of 11 sampled employees.

The findings include:

On at 12:40 PM while conducting a record review of the facilty's Agency for Healthcare Administration (AHCA) background screening roster the following was observed:

Staff A- hire date of - not on the roster
Staff B- hire date of - not on the roster
Staff C- hire date of - not on the roster
Staff D- hire date of - not on the roster
Staff E- hire date of - not on the roster
Staff F- hire date of - not on the roster
Staff G- hire date of - not on the roster
Staff H- hire date of - not on the roster
Staff I- hire date of - not on the roster
Staff J- hire date of - not on the roster
Staff K- hire date of - not on the roster

During an interview with the Business Office Manager (BOM) at 12:45 PM, the BOM brought in a copy of the Employee Roster and stated that some of the staff on the staffing schedule was not present on the Roster. When stated "you need to add these staff (pointed to the staffing schedule) on the roster", the BOM stated "I know what I need to do." The current Clearinghouse Roster was provided. No further information was presented at this time.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**09/07/2017**
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)

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to complete a Level II Background Screening, for 1 of 5 sampled staff (Staff F).

The Findings Included:

On /2017 at 11:30AM, a employee record review was conducted for Staff F- Hire Date . The record review revealed, no documentation of a Level II Background screening. During an interview with the Business Office Manager, she stated she is responsible for completing the Level II background screenings. She searched the AHCA Background screening data base, there was no record of a Level II Background Screening ever being completed for Staff F.

During an interview conducted with the Business Office Manager at this time, she stated Staff F has worked for the facility since 2011, she was not aware he had did not have a background screening completed. She stated she would have it completed as soon as possible. She acknowledged the findings.

Unclassified