| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964897 | 08/23/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE DEER CREEK** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2403 WEST HILLSBORO BLVD**<br>**DEERFIELD BEACH, FL 33442** | |

SUMMARY STATEMENT OF DEFICIENCIES
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**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on through at Brookdale Deer Creek ALF, License #9401. The facility had deficiencies at the time of the visit.

A licensure complaint survey , CCR #2017004770 was conducted on the same date. See separate report for findings.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observations and interview, it was determined that the facility failed to address residents' grievances and concerns in a timely manner with documented resolution. Specially, related to resident's concerns regarding lack of staffing and slow response times to the call light request.

The findings included:

During numerous confidential resident and family interviews conducted on and between the hours of 9 AM and 3 PM, it was revealed that the staff do not respond when the call light is activated.

A record review of the facility's Resident Council Committee Meeting minutes for the past 6 months in addition to the facility's Grievance Log for the past 6 months; shows that the residents are constantly bring up the topic of staffing and the call light system response time every month without any resolution. During an interview with the President of the Resident Council Committee on at 2:00pm, confirmed aforementioned and that there is no documented resolution.

Random observations on and between 9 AM and 3 PM, revealed staff are not responding to the call system lights or attending to the residents needs timely. The call bell was activated 2 times by a surveyor on without any staff responding. Observations were made 2 times on at 10:30 AM and 11 AM, of a staff member just sitting with approximately 6 residents in the memory care unit without any stimulation, activity or engagement. Another observation was made on , a facility staff member was observed on a resident's bed on the phone; the resident was not in the . The staff member was not able to justify why she was lying on the residents bed talking on her personal phone.

During interview with the Administrator on at 3:30 PM, the findings were shared and discussed. It was confirmed that there is an issue regarding staff, their assignments and the call system.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member within 30 days after beginning employment, submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and , for 1 of 4 sampled staff records (Staff A).

The Findings Include:

Review of Staff A's employee record, revealed no communicable statement written by a licensed healthcare provider. The most recent evidence of a negative examination was dated for .

During an interview with Staff A at 4:03 pm on , it was asked "Do you have a 'free of communicable ' statement from a licensed health care provider or an updated negative statement?" Staff A stated "this is all I have." No further information was provided.

Class III

**0082 - Training - / - 58A-5.0191(3) FAC**

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff C) received the required / training within 30 days of hire.

The findings included:

On , during an employee record review for Unlicensed Staff (Staff C) (hire date ) there was no documentation contained within Staff C employee files, or provided by the Executive Director showing completion of the required / training completed within 30 days of employment.

During interview conducted with Executive Director on at 3:02 pm, it was stated there is not an / certificate in the file for Staff C. The Executive Director acknowledged the findings and was given the opportunity to locate the training. No further documentation was provided.

Class

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

Based on observation and interview, it was determined the facility failed to maintain an environment in a

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safe and sanitary manner. Specifically, related to the facility failure to maintaine a pest free environment.

The findings include:

On at 11:05 pm a resident interview was conducted with Resident#1 and concerns were expressed about a severe ongoing pest control issue that continues to go unresolved despite all the grievances that have been filed and all of the times this issue have been discussed during the resident council meetings. Resident#1 stated the staff does not really care about any of the issues here and it's a reoccurring issue that all of the residents have. The resident further stated the pest control issue is not only inside the they are in the hallways and dining . On an unknown date, the resident remember having ice cream in the dining evening and a roach was seen in his ice cream. During an interview with Resident#1 in his on a chair, 3 baby roaches began to crawl up on the pants leg of the AHCA surveyor. Several roaches was also observed crawling all over the door pillars, walls, pillows and windows.

On at 12:40 pm the grievance log, pest control and the resident council meeting log was requested. The grievance log displayed a grievance filed on regarding roaches in the laundry on another grievance Bug issue discussed.

A review of the {pest control company} logbook revealed resident#1 and his family members have made complaints on a weekly basis about a constant pest problem in his 2016. However, the {pest control company} logbook also reveals that the pest problem is widespread throughout the facility as multiple complaints are made at least every other day according to the log. According to a DOH inspection report, an inspection was conducted inside 201,203,204,205,208,233,235,305,328 and 414 in which the facility received citations.

During the initial tour of the dining , roaches were observed splattered against several walls throughout the dining area. Multiple lizards were also observed in several corners throughout the dining .

On at 1:30 pm an interview with Administrator was conducted regarding the pest control issue. An inquiry was made about taking the next step in resident to ensure the entire building was free from pest. The findings were expressed through all of the logs given to AHCA that numerous unsuccessful pest control treatments had been completed, yet complaints were still being filed. According to the records the company had not change the fumigation company and the same fumigation techniques were utilized despite the ongoing complaints. The Administrator, stated that it is a known infestation inside the building for a while now. However, the issue is more prevalent inside the resident

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Class III

**0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC**

Based on record review and interview, it was determined that the facility failed to maintain adverse incident reports which involved residents that required a transfer to the hospital for injuries of . . . of bones and for 3 out of 5 reviewed for the past 6 months effecting (Resident #12,14,23).

The findings included:

During a record review of the facility's incident reports for the past 6 months on at 10:30am, revealed the following 3 incidents that resulted in resident #12, #14, and #23 being transferred to the hospital for injuries of bones and . Adverse incident are defined as any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the residents condition before the event.

a) A record review of the incident for Resident #12, states that on , the resident and was transferred to the hospital for a . . . . . nose and received six stitches below the left eye.
b) A record review of the incident for Resident #14 states that on , the resident and was transferred to the hospital for . . . . . ribs.
c) A record review of the incident for Resident #23 states that on , the resident and was transferred to the Hospital for a . . . . . right hip, required surgery to insert a pin, then had a rehabilitation stay.

During an interview with the Administrator on . . . at 3:45pm, the findings were acknowledged and confirmed.

Class III

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status for 30 out of 76 staff members (Staff D, F, K,L,M,N,O,P,Q, , ,T,U,V,W,X,Y,Z,AA,BB,CC,DD,EE,FF,GG,HH,II,JJ,KK,LL )

The findings included:

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A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on , 2017 at 9:30am compared to the facility's Employee Roster on the Clearinghouse Background Screening revealed that 3 current staff members were not registered. A further review of the facility's Employee Roster Clearinghouse Background Screening revealed that 27 staff members, who were no longer employed by the facility do not have an end date of employment listed.

During an interview with the Administrator at 2:30pm on , she verified that these 3 staff members are currently employed at the facility. The following 3 Staff Members currently employed are Not Registered on the Employee Roster Clearinghouse Background Screening included:
1- Staff D (hire date of )
2-Staff F (hire date of )
3-Staff K (hire date of )

Further review of the facility's Employee Roster Clearinghouse Background Screening, revealed the following facility's 27 staff members, who were no longer employed by the facility did not have an end date of employment listed. During an interview with the Administrator at 2:30pm on , she verified that these 27 staff members are no longer employed at the facility and does not know the end dates for these employees. The following staff members, no longer employed by the facility does not have an end date on the Employee Roster Clearinghouse Background Screening included:
1-Staff L (hire date of )
2-Staff M (hire date of )
3-Staff N (hire date of )
4-Staff O (hire date of )
5-Staff P (hire date of )
6-Staff Q (hire date of )
7-Staff R (hire date of )
8-Staff S (hire date of )
9-Staff T (hire date of )
10-Staff U (hire date of )
11-Staff V (hire date of )
12-Staff W (hire date of )
13-Staff X (hire date of )
14-Staff Y (hire date of )
15-Staff Z (hire date of )
16-Staff AA (hire date of )

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17-Staff BB (hire date of )
18-Staff CC (hire date of )
19-Staff DD (hire date of )
20-Staff EE (hire date of )
21-Staff FF (hire date of )
22-Staff GG (hire date of )
23-Staff HH (hire date of )
24-Staff II (hire date of )
25-Staff JJ (hire date of )
26-Staff KK (hire date of )
27-Staff LL (hire date of )

In an interview conducted on with the Administrator at 2:45pm on , she acknowledged and confirmed the findings.

Unclassified