

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11912077</b>	(X3) DATE SURVEY COMPLETED  <b>10/25/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE PALM BEACH GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410</b>	

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

**0000 - Initial Comments**

An unannounced licensure complaint survey, CCR#2017008181, was conducted on \_\_\_\_\_, 2017 at Brookdale Palm Beach Gardens, License #7375. The facility had a deficiency identified at the time of the investigation.

**0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC**

Based on interviews and record review, the facility failed to ensure 1 out of 3 sampled residents (Residents #1 and #2) were assisted with bathing as required.

The findings included:

a) On \_\_\_\_\_ at 11:45 AM, Resident #1 stated during interview that she had "not had been assisted by facility staff with a shower since moving in" \_\_\_\_\_, 2017. The resident's health assessment (AHCA Form 1823) dated \_\_\_\_\_ showed the resident had "\_\_\_\_\_ mild \_\_\_\_\_" and "needs help with showering and dressing". Review of the resident's shower schedule indicated the resident received assistance with showers on Wednesday and Friday at 9:00 AM.

During interview with the resident's aide (Staff A) on \_\_\_\_\_ at 12:30 PM, who was assigned to assist the resident with a shower on this date, she stated the resident did not want a shower. She said that she had never assisted the resident into the shower for bathing. During interview with the Health and Wellness Director at 1:00 PM on \_\_\_\_\_, she stated that the resident changes her mind often.

b) On \_\_\_\_\_ at 11:30 AM, Resident #2 stated during interview that he had "not had a shower since moving in" \_\_\_\_\_, 2017. The resident's health assessment (AHCA Form 1823) dated \_\_\_\_\_ showed the resident was "alert and oriented x3" and required "assistance" with bathing. Review of the resident's shower schedule indicated the resident received assistance with showers Monday, Wednesday and Friday at 7:00 AM.

During interview with the resident's aide (Staff B) on \_\_\_\_\_ at 12:45 PM, who was assigned to assist the resident with a shower on this date, she stated the resident did not want a shower and was given a bed bath. She said that she had never assisted the resident into the shower for bathing. During interview with the Health and Wellness Director at 1:00 PM on \_\_\_\_\_, she stated that a bed bath was equivalent to assisting with a shower as assigned.

During interview with the Administrator and Health and Wellness Director at 1:45 PM on \_\_\_\_\_, they were unable to show that these residents were receiving assistance with bathing or showers as directed

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<p>on the shower schedule or on their health assessments (ACHA Form 1823). There was no documentation to show this was done, or that the residents had refused assistance from the direct care staff. The facility provided no additional documentation for review at this time.</p> <p>Class III</p>		