

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963865	(X3) DATE SURVEY COMPLETED 01/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE SUNRISE	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 SPRINGTREE DRIVE SUNRISE, FL 33351	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017010737, was conducted on [redacted] at Brookdale Sunrise, License # 7433. The facility had deficiencies at the time of the investigation.

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

Based on interview and record review, the facility failed to ensure that the Florida Health Assessment form (form 1823) to determine continued residency was accurately completed by a Licensed Physician, for 1 of 3 sampled Resident records reviewed. (Resident # 1).

The findings included:

On [redacted] a medical record for Resident # 1 was reviewed. The Resident was admitted into the facility on [redacted]. She suffers from a Hip [redacted], Type II [redacted], and Chronic [redacted].

The Health Assessment form was completed to reflect an assessment for the facility to begin to charge the Resident for a level of care for services provided by the facility. The Resident had been initially admitted into the facility under a contract which was all inclusive of [redacted], Board and Medical Care. The assessment indicates the Resident requires assistance with the following Activities of Daily Living: Bathing (Assist of one). She requires Assistance with Medication Management. She has a special diet which has to be managed by the facility No Added Sweets (NAS). She also required Coordination of Services which requires the facility to make appointments and arrange for transportation.

This 1823 form with the fax date is [redacted] 11:05 AM is not dated to determine when the Health Assessment was conducted. Another 1823 Health Assessment form was found in the medical chart is blank on page 5, which should contain the following information: the medications taken by the Resident, the name of the Examiner and the Examiner's signature along with the name of the Administrator, and the signature of the Administrator. The fax date on this 1823 form is [redacted] at 01:15 PM.

On [redacted] at 03:00 PM, an interview was conducted with the Administrator and the Director of Nursing (DON) whom acknowledged the findings.

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Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview and record review, the facility failed to provide and maintain an amended financial contract, for 1 of 3 Resident contracts reviewed (Resident # 1).

The findings included:

Resident record review for Resident # 1 revealed an admission date into the facility of . The Resident was admitted into the facility under a special contract promotion which allowed the Resident to commit to an all inclusive payment. The all inclusive payment package was to include the Resident's board and level of medical care, treatment and services for the agreed amount of \$1900.00. This contract was valid as long as the Resident remained as a "private pay" participant. The contract would remain valid through the entire stay of the Resident.

On at 12:00 PM, a side-by-side interview was conducted with the Assistant Executive Administrator and Business Office Manager). A review of the Resident's billing statement revealed that the Resident's Responsible Party began to make late payments on the all inclusive payment plan beginning in , 2016. The Business Office Manager stated the payments are due on the first of the month, but in , she received the payment on and payments were late the subsequent months of and , 2016. In , 2016, the Resident's bill was in arrears in the amount of \$6700.00. The facility was made aware that the Resident had become eligible for the State Waiver assistance program which paid an additional \$1200.00 per month over the \$1900.00 per month for Board. At this time, the Resident was given a Medical Assessment by the Examining Physician to determine the level of care that the Resident would require under the new contract with the Waiver Assistance Program. The Business Office Manager stated the Resident would be charged for Medication Management, Coordination of Services, Assistance with Activities of Daily Living and Nutrition Services. The State Waiver covered the cost of the Medical Level of Care. The Business Office Manager confirmed that at the time of the change in the payer source. The Resident or Responsible Party should have been provided a new contract to sign. She confirmed that this was not done by the facility. She stated she had explained this to the Resident and Responsible Party via phone, but as far as her knowledge, they were never given anything in writing to explain the details of the new payment structure.

On at 03:00 PM, an interview was conducted with the Executive Director. He acknowledged the findings and confirmed that the facility should have provided an amended contract and maintained it

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in the Resident's contract file.

Class