

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X3) DATE SURVEY COMPLETED 03/01/2018
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 Complaint Survey CCR #2017014976 was conducted on _____ at Brookdale West Boynton Beach assisted living facility, license #9384. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure all medical examination forms became a permanent part of the record of the residents at the facility and that all forms are made available to the agency during inspection or upon request.

The findings included:

While conducting a closed record review of the file of Resident #1 it was observed that no Health Assessment AHCA 1823 form was observed in the file for the resident. During an interview with the Administrator at 2:30 PM the 1823 form was requested for review, and was not provided.

During an interview with the Administrator on _____ at 3:10 PM it was stated that the form was lost and not able to be found. the findings were discussed and acknowledged, no further documentation was located and provided for further review.

Class III

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

Based on record review and interview, the facility failed to maintain a written record, updated as needed of any significant changes and any illnesses that resulted in medical attention, or other changes that resulted in the provision of additional services.

The findings included:

While conducting a record review on the file of Resident #1 on _____, Review of the incident report dated for _____ revealed that Resident #1 was sent out to the Hospital after undergoing a _____ and returned back to the facility receiving Physical _____, from "Confidential" Home Health Agency. Further review of the file revealed an additional incident report dated for _____ where Resident #1 sustained another _____, and it was documented that the family and Hospice was notified.

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Review of the progress notes revealed no documentation of . . . that occurred with the resident, or the follow-up care that was given after. It was also revealed that no Health Assessment AHCA 1823 form for the resident and no hospice file were in the chart.

During an interview with the Health and Wellness coordinator and the Administrator on . . . at 3:10 PM the findings on the incident reports were discussed and acknowledged, no further documentation was provided for review.

Class III

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

Based on observation, interview, and record review, it was determined the facility failed to have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures and a method to demonstrate that such procedure is implemented upon receipt of a complaint.

The findings included:

While reviewing the facility's policies and procedures on . . . it was requested to the Executive Director and the Health and Wellness Coordinator to provide documentation of the grievances filed by residents or families that reside at the facility. During the duration of the survey, the documentation was not provided for review.

During an interview with the Executive Director at 2:30 PM on . . . when asked "what procedure is put in place by the facility to address grievances?" it was stated that the facility does not have a system to address grievances because they do not have any. It was further stated that the facility does not have anything on file for any new grievances in over two years. During this time the facility's grievance policy was requested.

Review of the Grievance policy stated the following:

In the event a resident and/or resident's guardian (on behalf of the resident) has a complaint regarding the facility or its services, the following steps should be taken:

1. Resident and/or resident's guardian should discuss the complaint with the associate and/ or supervisor.

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2. If unable to resolve the complaint with step #1, the complaint should be submitted in writing to the Executive Director. The Executive Director should respond in writing to the resident and/or the resident's guardian within fourteen (14) days from the receipt of the complaint. The concern form is located in each caregiver station or in the sign in book located in the foyer.

During a second interview with the Executive Director on _____ at 4:00 PM, the facility's Grievance policy was reviewed with the Executive Director, who had no response, and no further documentation was provided for review.

Class III