STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11912077	05/22/2018	
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410		

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

### 0000 - Initial Comments

An relicensure survey was conducted on \_\_\_\_\_ and \_\_\_\_ at Brookdale Palm Beach Gardens (Lic#7375). There were deficiencies during the time of the survey.

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

Based on observations record review and interview, the facility failed to ensure that health assessment (AHCA form 1823) for 1 of 2 sampled residents (Resident #5) were accurate and reflective of the residents' current health status and updated every three years.

The findings included:

Review of the Resident Health Assessment (AHCA 1823 form) for Resident #5 revealed that the last assessment for the resident was dated for (more than 3 years from current date). During an interview with the resident on between the times of 10:00 am and 10:30 am revealed that staff assist her with medications, with taking a shower, and getting dressed. Further observations during the interview revealed the resident showed signs of when answering interviewing questions, and stated that she could not hear very well. No documentation was observed in the file that the resident was hearing

During an interview with the Administrator and the Health and Wellness Director at 2:15 PM on the findings on the 1823 for Resident #5 was discussed and acknowledged, no further documentation was provided for review.

Class III

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

Based on observation and interview, the facility failed to ensure all staff followed the procedure when assisting with self administration medication, for 2 of 2 sampled staff (Staff F and Staff G).

On at 11:44AM, Staff F assisted Resident#21 with self administration of medications. Staff F checked the electronic Medication Observation Record (MOR) and retrieved the following medication for Resident#21: 300mg Capsule. Staff F signed the medication as given, announced the medication to the resident, and watched the resident swallow the medication. Medication was signed out

ADMINISTRATION		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912077	05/22/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CO 11381 PROSPERITY FARMS RO PALM BEACH GARDENS, FL 3	DAD
(FINDINGS PF	SUMMARY STATEMENT OF DEFICIE RECEDED BY TAGS AND REGULATORY IDE	
prior to medication being given. At 11:50 Record and retrieved the following medic signed the medication as given, announc swallow the medication. The MOR was so On at 11:58AM, Staff G assis checked the electronic MOR and retrieve 325mg. Staff A signed the MOR as medic watched the resident swallow the medica	cation for Resident#22: ced medication to the resident, and signed prior to medication being gi sted Resident#18 with self-adminiad dt the following medication for Res cation given, announced the medication for the medication given, announced the medication given give	300mg. Capsule, Staff F I watched the resident iven. stration medication. Staff G sident#18: cation to the residents, and
During an interview with the Administrate 3:15PM, they acknowledged the findings Class III		, at approximately
0054 - Medication - Records - 58A-5.018	35(5) FAC	
Based on record review and interview, the physicians annual evaluation of the use of residents (Resident#11).		
The findings include: On , a record review was con prescribed the following chemical Proxetine HCI 40mg at bedtime, bedtime, and , 2mg. 1/2 trevealed the most recent annual evaluations was dated.	0.25mg every 4 hours as need ablet (1mg) every two hours as ne	5mg twice a day, ded, 50mg. 1 tab at seded. Further review
During an interview with the Administrato 3:20PM, they acknowledged the findings		

Class III

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

Based on record review and interview, the facility failed to ensure that all staff received annual

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912077	05/22/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 11381 PROSPERITY FARMS ROAD	
GARDENS	PALM BEACH GARDENS, FL 33410	

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

documentation of a negative screening, for 1 of 3 sampled staff (Staff B).

The findings include:

On at approximately 11:00AM, a employee record review was completed for Staff B and revealed, Staff B, whose hire date was \_\_\_\_\_\_\_\_, had no documentation of a negative \_\_\_\_\_ screening since \_\_\_\_\_. At this time the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator and the Director of Nursing on at approximately 3:20PM, they acknowledged the findings and provided no additional documentation for review.

Class III

#### | | 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff received the required in-service training's within 30 days of hire for 2 of 2 sampled staff (Staff B and Staff C).

On at approximately 11:00 AM, a employee record review was completed for Staff B and revealed, Staff B was hired on as a Med Tech. Further review revealed Staff B had no documentation on file for completion of the following required in-services:

- 1. Resident Rights 1 hr.
- 2. Incident Reporting 1hr.
- 3. Recognizing and Reporting Neglect, and 1hr.
- 4. Elopement 1hr.
- ADL's and Behavioral Needs 3 hrs.
- 6. Control
- 7. Emergency Preparedness and Evacuation Procedures 1hr.
- Nutrition and Safe Food Handling 1hr.

On at approximately 12:40PM, a employee record review was completed for Staff C and revealed, Staff C was hired on ......., as a Med Tech who holds a current Certified Nursing Assistant License. Further review revealed Staff C had no documentation on file for completion of the following required in-services:

1. Resident Rights 1 hr.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912077	05/22/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410	

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

- 2. Incident Reporting 1hr.
- 3. Recognizing and Reporting , Neglect, and \_\_\_\_\_ 1hr.
- 4. Elopement 1hr.
- 5., Emergency Preparedness and Evacuation Procedures 1hr.
- Nutrition and Safe Food Handling 1hr.

At this time the facility was provided an opportunity to locate the documentation>

During an interview on at approximately 3:20PM, with the Administrator and the Director of Nursing, they acknowledged the findings and provided no additional documentation for review.

Class III

## 0082 - Training - / \_\_\_ - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure all staff received 1 hour of training within 30 days of hire for 1 of 2 sampled staff (Staff B).

On \_\_\_\_\_\_ at approximately 11:00AM, a record review completed for Staff B revealed, Staff B's hire date was \_\_\_\_ Further review revealed Staff B is a medication tech who did not receive the required 1 hour of training within 30 days of hire. At this time the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator and the Director of Nursing on at approximately 3:20PM, they acknowledged the findings and provided no additional documentation for review.

Class

### 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that all staff who assist with self-administration medication, completed the required 4hr initial training for 1 of 2 sampled staff (Staff B).

The findings include:

On at approximately 11:00AM a employee recorded review completed for Staff B revealed,

101011

ADMINISTRATION		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912077	05/22/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CO 11381 PROSPERITY FARMS RO PALM BEACH GARDENS, FL 3	DAD
(FINDINGS PF	SUMMARY STATEMENT OF DEFICIE RECEDED BY TAGS AND REGULATORY IDE	
Staff B was hired on as a Me on file for completion of the initial 4hr trai this time the facility was provided an opp		inistration of medication. At
During an interview on at app Nursing, they acknowledged the findings	proximately 3:25PM, with the Admi and provided no additional docum	
Class III		
0086 - Training - ADRD - 58A-5.0191(9) F	FAC	
Based on record review and interview, the and Related		
The findings include:		
On at approximately 11:00AN revealed, Staff B whose hire date was Level I training within 3 months of hire. F hour ADRD Level II training within 9 mon	, had not received the rec urther review revealed Staff B has	quired initial 4 hour ADRD
On at approximately 12:40Ph revealed, Staff C whose hire date was Level I training within 3 months of hire. A documentation.		quired initial 4 hour ADRD
During an interview on		
Class III		
0090 - Training -	- 58A-5.0191(11) FAC	
Based on record review and interview, the		

Staff C).
AHCA Form 5000-3547
STATE FORM

STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA	(X3) DATE SURVEY
DEFICIENCIES	IDENTIFICATION NUMBER:	COMPLETED
	AL11912077	05/22/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP C	ODE
BROOKDALE PALM BEACH	11381 PROSPERITY FARMS R	DAD
GARDENS	PALM BEACH GARDENS, FL	33410
(FINDINGS P	SUMMARY STATEMENT OF DEFICIE RECEDED BY TAGS AND REGULATORY ID	
The findings include:		
	M, a record review was completed	
Staff B, whose hire date was facility's policy and procedures regarding		rinservice completion on the
	A, a record review was completed	
Staff B whose hire date was facility policy and procedures regarding		time the facility was provided
an opportunity to locate the documentat		une the facility was provided
During an interview with the Administrate		
3:20PM, they acknowledged the findings	s and provided no additional docur	nentation for review.
Class		
	(0.1)	
0152 - Physical Plant - Safe Living Envi	ron/Other - 58A-5.023(3) FAC	
Based on observation and interview, the	facility failed to provide a clean ar	nd decent living environment
for 1 of 6 sampled residents (Resident#11).		
The findings include:		
During an observational tour on at approximately 1:10PM, # . A (Resident#11) was		
observed. The beige carpet with numerous black stains at the entrance, along the bedside and under residents bed. Further observation revealed stains on the carpet throughout the		
and under residents bed. Further observ	ration revealed stains on the carpe	t throughout the
During an interview on at ap	proximately 3:25PM, with the Adm	inistrator and the Director of
nursing, they acknowledged the findings		
la		
Class III		
1		