

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11964810</b>	(X3) DATE SURVEY COMPLETED  <b>04/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CONWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5501 EAST MICHIGAN STREET ORLANDO, FL 32822</b>	

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

**0000 - Initial Comments**

A complaint investigation (CCR#2108002211) was conducted on . . . . . Brookdale Conway, 5501 East Michigan Street, Orlando 32822 (LIC#9286) had deficiencies at the time of the visit.

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

Based on staff record review and interview the facility failed to ensure that 1 (Staff D) of 3 staff had annual documentation from their health care provider documenting freedom from communicable . . . . . ( ).

Findings:

1. A Staff record review on . . . . . revealed the following:

Staff D was hired on . . . . . The most current documentation in the file confirming freedom from communicable . . . . . ( ) was dated . . . . .

2. In an interview with the Administrator and Director of Nursing on . . . . . at 11:00 am, confirmed they could not locate any current additional documentation for Staff D for the ( ) Health Certificate.

Class III