AGENCY FOR HEALTH CARE

ADMINISTRATION		FORM APPRO
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	04/19/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE CONWAY	STREET ADDRESS, CITY, STATE, ZIF 5501 EAST MICHIGAN STRE	
	ORLANDO, FL 32822	
(FIND)A	SUMMARY STATEMENT OF DEF IGS PRECEDED BY TAGS AND REGULATORY	
0000 - Initial Comments		
	08002211) was conducted on 22 (LIC#9286) had deficiencies at the	
0078 - Staffing Standards - Staff - 5	58A-5.019(2) FAC	
	terview the facility failed to ensure the alth care provider documenting freed	
Findings:		
A Staff record review on	revealed the following:	
Staff D was hired on . Th communicable () was da	e most current documentation in the	file confirming freedom from
	ator and Director of Nursing on Iditional documentation for Staff D fo	
Class III		