Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964916 | A. BUILDING: _____ B. WING _____ | 03/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE WEST BOYNTON BEACH | 8220 JOG ROAD BOYNTON BEACH, FL 33437 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| A 000 | Initial Comments<br><br>An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted at Brookdale West Boynton Beach on . The facility had a deficiency identified at the time of the survey. | A 000 | | |
| AN278 | 59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records<br><br>59A-36.022<br>(3) RECORDS.<br>(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.<br>(b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff.<br>(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.<br><br>429.07 (3)(c)2, FS<br>A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health...<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to complete the required Monthly Nursing Assessment for 2 of 2 sampled residents, ( Resident #1 and Resident #2) receiving Limited Nursing Services (LNS).<br><br>The findings included: | AN278 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| AN278 | Continued From page 1<br><br>In an interview conducted with the facility's Assistant Wellness Manager, Licensed Practical Nurse (LPN) Staff A on [redacted] at 1:00 PM, she stated that there were 10 residents currently on the facility LNS Log. She stated that facility LPNs provide the prescribed treatments and document daily in the facility electronic medical record Progress Notes. She stated that the facility's electronic medical record will automatically prompt the LPN to answer Monthly LNS Assessment questions for each resident that is on the facility LNS log. The information will then be available for the facility appointed LNS Registered Nurse (RN) to review the Assessment and sign off. LPN Staff A stated that the facility LNS nurse was the corporate District Director of Clinical Services RN (LNS RN #A) or a designated corporate nurse, (LNS RN #B).<br><br>Review of the facility LNS Log indicated there were 10 residents receiving care from the facility nursing staff. Resident #1 was receiving care with [redacted] stockings and Resident #2 was receiving [redacted] care.<br><br>Review of Resident #1's Medical Record indicated the resident was admitted to the facility on [redacted] with medical diagnosis including [redacted] lower extremity [redacted] ([redacted]) and [redacted] of the [redacted]. Resident #1 was admitted to LNS on [redacted] and ordered to have [redacted] stockings, applied in the AM and off in PM, for [redacted] in [redacted] lower extremities.<br><br>Review of Resident #1's electronic Medical Record with LPN Staff A on [redacted] at 2:00 PM, revealed that the required LNS Monthly Assessment was not completed for | AN278 | | |

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| AN278 | Continued From page 2<br><br>2022, and . Further review revealed that the LNS Monthly Assessment did not reflect Resident #1's LNS care being provided.<br><br>Review of Resident #2's Medical Record indicated the resident was admitted to the facility on with medical diagnosis including , lymphedema, , and . Resident #2 was admitted to LNS on and was ordered to receive daily care, including to cleanse the site and change the weekly or as needed.<br><br>Review of Resident #2's electronic Medical Record with LPN Staff A on at 2:00 PM, revealed that the required LNS Monthly Nursing Assessment was not completed for , , and . The LNS Monthly Assessment did not reflect Resident #2's LNS care being provided.<br><br>In an interview conducted with the corporate LNS RN #A on at approximately 2:15 PM, he stated that he was the facility's LNS RN or his assistant LNS RN #B. LNS RN #A stated that the facility's electronic Medical Record will prompt the facility LPN to complete the resident's Monthly LNS Assessment and then he or his designee will review the Assessment information and sign off in the electronic record. He was informed that with surveyor review of the resident LNS Monthly Assessments, it was found that the Monthly Assessment was not completed or inaccurately completed for Resident #1 and Resident #2. He stated that he was unaware that the LNS Monthly Nursing Assessments were not being completed as required and would immediately respond to correct this finding. | AN278 | | |

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| AN278 | Continued From page 3<br><br>In an interview conducted with the Executive Director on [redacted] at approximately 2:30 PM, she was informed of the LNS survey findings specifically the facility failure to complete the required Monthly LNS Nursing Assessment for Resident #1 and Resident #2. She was informed that for at least 2 months, the resident Monthly LNS Assessment had been inaccurately completed yet the LNS RN had signed off as reviewed in the electronic record. The Executive Director stated that she was unaware of the failure to meet the Monthly LNS Assessment requirements and would immediately investigate and take action to comply with the LNS requirements.<br><br>Class III | AN278 | | |