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 _____	12/18/2023

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
A 000	Initial Comments An unannounced Relicensure, Complaint (2022012589, 2023005334, 2023005339, 2023006500, 2023007972, 2023010112, 2023015738) and Generator Monitoring survey was conducted on at Brookdale West Boynton Beach. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

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A 078	Continued From page 1 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence that 5 out of 6 staff members, Staff A, M, E, N, and G, do	A 078		

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A 078	Continued From page 2 not have an annually updated negative ( ) examination. The findings included: Review of Staff A, employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed Staff A had no documentation of an annual negative ( ) examination. Review of Staff M, employee record revealed he was hired on and he provides direct resident care. Further review of the employee record revealed Staff M had no documentation of an annual negative ( ) examination. Review of Staff E, employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed Staff E had no documentation of an annual negative ( ) examination. Review of Staff N, employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed Staff N had no documentation of an annual negative ( ) examination. Review of Staff G, employee record revealed he was hired on and he provides direct resident care. Further review of the employee record revealed Staff G had no documentation of an annual negative ( ) examination.	A 078		

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A 078	Continued From page 3 In an interview conducted with the Administrator on [redacted] at 4:50 PM, she was provided an opportunity to provide documents on the status of the examinations. The Administrator stated she was aware the facility must ensure all direct care staff members possess documented evidence of annually updated negative examination to work in their capacity. Class III	A 078		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor	A 152		

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A 152	Continued From page 4 lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the Memory Care Unit (MCU) was maintained in a safe manner and free of hazards. The findings include: During a tour of the MCU at 10:42AM on . . . . located on the 2nd floor of the facility, the following observations were noted. 1) Dinning Area #1 (located to right of activity area) was extremely dirty. The floors had an accumulation of food particles throughout the floors. 2) Floors were extremely sticky, as you walked in the area; shoes were sticking to the floor. 3) The baseboards had a large amount of accumulated dried food particles and dark marks, throughout Dinning Area #1. 4) Observation of an unsupervised cleaning cart in the hallway next to Dinning Area # at 11:10AM,	A 152		

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A 152	Continued From page 5 according to Staff D (Health and Wellness Coordinator), Staff K was using the cart, but she is on break. 5) Observation of kitchenette area/Dinning Area #2 in the northeast wing of the memory care unit at 10:42AM revealed the floors were dirty with multiple food particles, both fresh and dried. The storage room in the area was opened and revealed trash and a dirty cart. Food particles throughout the storage unit, extremely dirty. 6)Observation of kitchenette area/Dinning Area #2 in the northeast wing of the memory care unit at 10:42AM revealed a large 3 compartment commercial steam tray. Further observations the steam tray revealed all three (knobs) were turned on to a level 10. There were no food trays located in each section, sections were filled with steaming water. The surveyor, at this time waved her over each section and the extremely hot temperature could be felt for each section. With no staff present in the area, Staff D confirmed that residents had eaten breakfast earlier in the morning and was not sure why it was still on. She further confirmed not all residents were in the Activity Area performing activities, some were in their rooms near the location. At 11:15 AM on , Staff G (Dietary Directory) was summoned to the area by Staff D and the Surveyors. Upon arrival of Staff G, he was directed to the steaming tray and the hot temperatures. At this time, Staff G was asked about the steam tray and why they were left on. He stated, "they take long to warm up, so we leave them on." However, neither had an explanation nor a plan on how staff would monitor the area to ensure safety and ensure residents	A 152		

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A 152	Continued From page 6 are not . . . . by the steam temperatures. Class III	A 152		