

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PALM BEACH GARDENS

**11381 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

(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 (#2025016973, 2025017798, 2025018475, 2026001901) and Generator Monitoring survey was conducted on _____ at Brookdale Palm Beach Gardens. The facility had deficiencies related to the Relicensure and Generator Monitoring at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making _____ for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to ensure that Residents #24 and #25 received adequate ADL care, housekeeping services, reassessment to ensure they met continued residency criteria, and appropriate notification of a change in condition to representatives. The facility also failed to ensure documentation of refusals or care concerns as stated by staff. The deficient practice placed residents at risk of neglect, exposure to unsanitary living conditions, and unmet care needs.	A 025			

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A 025	Continued From page 2 The findings include: During an interview with the Director of Health & Wellness on at 11:34 AM, she stated Resident #25 was not appropriate for assisted living and required a higher level of care. She stated the facility had attempted to move him to the Memory Care Unit (MCU), but could not legally proceed without the resident's or a representative's consent. She stated Resident #25's wife's daughter held Power of Attorney for the wife only, and therefore could not consent for Resident #25. She stated the facility later identified Resident #25's brother as the appropriate contact. During an interview with the family member on at 1:55 PM, she reported concerns regarding the well-being and care of Resident #24. She stated she visited Resident #24 three weeks ago and found the condition of the room horrible. She stated the kitchen and bathroom were dirty, the mattress soaked with and stains. She stated the facility told her she needed to hire a biohazard cleaning company for the room at her own expense. She also stated both Resident #24 and Resident #25 share the same Primary Care Provider and have diagnoses of . She stated Resident #25 continued to drive despite physician orders instructing him not to drive. She expressed concern about poor communication from the facility regarding care. During an interview with the Director of Health & Wellness on at 2:17 PM, she stated Residents #24 and #25 are non-compliant and refused staff entry to the room. She stated the residents have a cat and both demonstrate . Therefore, unable to provide care to	A 025			

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A 025	Continued From page 3 the cat. During an interview on _____ at approximately 9:15 AM, Resident #25 stated he leaves the patio door open because the cat likes going outside. He stated the facility "charges for all this stuff and do nothing." He stated that he and his wife do not need any help and that they are doing okay. He stated they are living at the nursing home side of the facility but are looking to move to the assisted living side soon. During an interview with Staff K, CNA, on _____ at 2:35 PM, she stated Resident #24 uses the bathroom throughout the apartment and the odor is not caused by the cat. She stated a cleaning company came three weeks ago, but the strong odor persists. She stated the mattress needs to be discarded. An observation of # _____ on _____ revealed a strong odor of _____ and _____ throughout the apartment, including a stained mattress and clutter throughout the bathroom shower, bedroom, and living room areas. Review of Resident #25's AHCA 1823 health assessment form dated _____ documented medical history including _____, debility, _____, and gait abnormality. _____ needs were listed as "forgetful, A&O x 3." A second 1823 dated _____ listed _____ and forgetfulness. Resident #25 was documented as independent in all activities of daily living. Review of progress notes failed to indicate any housekeeping concerns, ADL concerns, or notifications to a representative. No documentation existed of refusals as stated by staff.	A 025			

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A 025	Continued From page 4 Review of Resident #24's AHCA 1823 dated documented mild , gait abnormality, , and debility. For activities of daily living, the resident required supervision with grooming, toileting, transfer, and ambulation, assistance with bathing and and was independent with eating. Review of progress notes failed to indicate any housekeeping concerns, ADL concerns, or notifications to a representative. No documentation existed of refusals as stated by staff. There was no documentation showing the facility reassessed either resident despite observed unsanitary conditions, reported changes in condition indicating the possible need for a higher level of care, and expressed concerns from family and staff. Class III	A 025			
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure adequate assistance and/or supervision with activities of daily living (ADLs) was provided for 1 out of 1 sampled resident (Resident #26).	A 028			

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A 028	Continued From page 5 The findings included: Resident #26 was admitted to the facility on _____ with a health assessment (AHCA Form 1823) dated _____ that notes under "physical or sensory limitations" that she is a "wheelchair bound", slurred speech (due to _____). Medical history and diagnosis: Left _____ (L) BKA), Left Lower Extremity (LLE) _____ (_____, _____). The resident is documented as requiring assistance with her ADLs. Resident #26 was observed at 3:50 AM on _____ seated in her wheelchair and able to make her needs known. During interview with resident #26 at 4:17 PM on _____, she stated that she is not getting the help she needs with activities of daily living. She further stated that, especially on weekends, she pressed the call light and no staff come. As a result she had to learn to clean herself. In an interview with staff J (Caregiver) on _____ at 3:35 PM, she stated that there was only 1 caregiver for the floor and 1 Medication technician (med tech) who had to do all the floors for medication. She further stated that they had a challenge of responding to call lights immediately because when one resident call, she is busy with another resident, which causes delay to response. In an interview with staff P (Caregiver) on _____ at 3:20 PM, she stated that there was not enough staff to help the residents, which contributed to delays in response when residents need help. She further stated that these concerns	A 028			

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A 028	Continued From page 6 were raised to the administrator. On _____ at 4:39 PM, administrator was informed of the findings regarding no documentation for resident #3. She acknowledged the findings; no additional information was provided. Class III	A 028			
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	A 078			

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A 078	Continued From page 7 having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care 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:	A 078			

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A 078	Continued From page 8 Based on record review and interview, it was determined that the facility failed to ensure direct care staff had documented evidence of a negative () examination and Communicable ... Status for 3 of 5 sampled Staff (Staff B, C and D). The findings included: During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff B, C and D. 1) A review of the personnel files for: Staff B (Memory Care Unit nurse) hired on _____, showed documentation of a negative examination dated _____ and revealed no additional _____ documentation thereafter. Staff C (Caregiver) hired on _____ revealed no documentation of a negative _____ examination for 2024, 2025, or 2026. Staff D (Caregiver) hired on _____ revealed no documentation of any negative examination after the date of hire. 2) A review of the personnel file for: Staff C (Caregiver), hired on _____ revealed no documentation of a free communicable status as required. Staff D (Caregiver) hired on _____ revealed no documentation of a free communicable status as required. During an interview on _____ at _____	A 078			

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A 078	Continued From page 9 approximately 3:00 PM, the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class III	A 078			
A 081	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee 's personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by	A 081			

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A 081	Continued From page 10 agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility	A 081			

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A 081	Continued From page 11 sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food	A 081		

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A 081	Continued From page 12 handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure direct care staff completed required Preservice Orientation training prior to providing resident care for 4 of 5 sampled staff (Staff B, C, D, and E). The findings included: During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff B, C, D and E. A review of the personnel files for: Staff B (Memory Care Unit, nurse) with date of hire _____, Staff C (Caregiver) with date of hire _____, Staff D (Caregiver) with date of hire _____, Staff E (Medication Technician) with date of hire _____	A 081			

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A 081	Continued From page 13 revealed that their personnel files did not contain documentation of the required 2 hour preservice orientation training prior to interacting with residents. During an interview on _____ at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class	A 081			
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on _____, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that within 30 days of employment staff obtained required training for / (/) for 3 of 5 sampled staff (Staff C, D and E). The findings included:	A 082			

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NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410		
(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 082	Continued From page 14 During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff C, D and E. 1) Review of the personnel file for Staff C (Caregiver), hired on _____, revealed no documentation of required _____ / _____ training. 2) Review of the personnel file for Staff D (Caregiver) hired on _____ revealed no documentation of required _____ / _____ training. 3) Review of the personnel file for Staff E (Medication Technician) hired on _____ revealed no documentation of required _____ / _____ training. During an interview on _____ at approximately 3:00 PM, the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class	A 082			
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:	A 084			

Agency for Health Care Administration

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A 084	Continued From page 15 (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the	A 084			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PALM BEACH GARDENS

**11381 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

(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 084	Continued From page 16 resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.	A 084		

Agency for Health Care Administration

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A 084	Continued From page 17 (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure unlicensed staff who provided assistance with self-administered medications had successfully completed a minimum of 6 hours of initial training for 1 of 5 sampled staff (Staff E). The findings included: During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee file for Staff E. Review of the personnel file for Staff E (Medication Technician) hired on _____, revealed no documentation that she had	A 084			

Agency for Health Care Administration

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A 084	Continued From page 18 completed her initial 6 hour training prior to assisting with the self administration of medication. During an interview on _____ at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class III	A 084			
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding _____ (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding _____ within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure direct care staff had completion of 1-hour training for () for 3 out of 4 sampled staff (Staff C, D and E). The findings included:	A 090			

Agency for Health Care Administration

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A 090	Continued From page 19 During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff C, D and E. 1) Review of the personnel file for Staff C (Caregiver) hired on _____, revealed no documentation of the required _____ 1 hour training. 2) Review of the personnel file for Staff D (Caregiver) hired on _____, revealed no documentation of the required _____ 1 hour training. 3) Review of the personnel file for Staff E (Medication Technician) hired on _____, revealed no documentation of the required 1 hour training. During an interview on _____ at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class III	A 090			
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which	A 161			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PALM BEACH GARDENS

**11381 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

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A 161	Continued From page 20 licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work	A 161		

Agency for Health Care Administration

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A 161	Continued From page 21 schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff records contained an employment application and job description for 4 of 5 sampled staff (Staff B, C, D, and E). The findings included: During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff B, C, D and E. 1) A review of the personnel files for Staff B (Memory Care Unit, nurse), Staff C (Caregiver), Staff D (Caregiver), and Staff E (Medication Technician) revealed that their personnel files did not contain employment applications. 2) A review of the personnel files for Staff B, Staff D, and Staff E revealed that their personnel files did not contain job descriptions. During an interview on _____ at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Class	A 161			
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:	A 162			

Agency for Health Care Administration

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A 162	Continued From page 22 (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in	A 162			

Agency for Health Care Administration

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A 162	Continued From page 23 writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004 . The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a	A 162			

Agency for Health Care Administration

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A 162	Continued From page 24 health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record review attempts, the facility failed to maintain, retain, and make available required records for discharged residents as required by Florida Assisted Living Facility regulations. This failure was identified for 2 out of 3 discharged residents reviewed. (Resident #1 and #3).	A 162			

Agency for Health Care Administration

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A 162	Continued From page 25 The findings include: 1) On _____ at 7:00 AM, a surveyor with the Agency for Health Care Administration entered the facility to conduct a survey. A request was made to the Administrator of the facility to review resident #3 records. The Administrator stated that the records were not accessible, as the resident was no longer at the facility. In an interview with staff H (Health and Wellness Director) on _____ at 2:25 PM, she stated that the facility did not keep files once the resident is no longer at the facility. Record review of the facility's Admission and discharge log revealed that resident #3 was admitted to the facility on _____ and moved out on _____ and the reason for discharge was listed as need. The Administrator was reminded that the facility is required to retain resident contracts for 5 years and all residents records must be retained for 2 years following the departure of the resident. 2) In addition, Resident #1 record was requested. Review of the facility's admission and discharge log, revealed Resident #1 had an admission date of _____ and a discharge date of _____. A request was made for Resident #1's file. Facility was unable to provide the record for Resident #1 with all of the Health Assessments and documentation regarding care provided at the facility. During an interview with the Director of Nursing on _____ at 1:27 PM, she stated she was unable to provide Resident #1's information. The facility failure to maintain the required	A 162			

Agency for Health Care Administration

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A 162	Continued From page 26 records onsite and/or readily available for review, resulted in the inability to ensure appropriate care and services were rendered to the resident while residing at the facility. The facility was also unable to provide documentation regarding the care history of the residents while residing at the facility. On at 4:29 PM, Administrator was informed of the findings regarding no documentation for Resident #1 & #3. She acknowledged the findings; no additional information was provided. Class III	A 162			

Agency for Health Care Administration

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PALM BEACH GARDENS, FL 33410**

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ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	ZZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER BROOKDALE PALM BEACH GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 11381 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410		
(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	
ZZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, . . . , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . for any	ZZ816			

Agency for Health Care Administration

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ZZ816	Continued From page 2 disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the _____ report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a signed Attestation of Compliance, as required, was available for review in the employee's personnel files for 4 of 5 sampled staff (Staff B, C, D, and E). The findings included:	ZZ816			

Agency for Health Care Administration

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ZZ816	Continued From page 3 During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide employee files for Staff B, C, D and E. A review of the personnel files for Staff B (Memory Care Unit facility nurse), Staff C (Caregiver), Staff D (Caregiver), and Staff E (Medication Technician) revealed that their personnel files did not contain signed Attestation of Compliance. During an interview on _____ at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Unclassified	ZZ816			
ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.	ZZ830			

Agency for Health Care Administration

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ZZ830	Continued From page 4 (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for	ZZ830			

Agency for Health Care Administration

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ZZ830	Continued From page 5 the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain an annually approved Comprehensive Emergency Management Plan (CEMP) with the local County Emergency Management Agency. The findings included: During an interview on _____ at approximately 8:30 AM the Administrator was informed to provide the most current CEMP approval letter or proof of communication and submission to the local County Emergency	ZZ830			

Agency for Health Care Administration

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ZZ830	Continued From page 6 Management Agency. A review of the facility's CEMP binder provided revealed a Comprehensive Emergency Management Plan (CEMP) letter from the local County Emergency Management Agency dated During an interview with the Administrator on at 10:16 AM she stated the most recent approval was the one in the binder dated . No additional information was provided. Class III	ZZ830		
ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of	ZZ875		

Agency for Health Care Administration

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ZZ875	Continued From page 7 . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises	ZZ875			

Agency for Health Care Administration

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ZZ875	Continued From page 8 and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of _____-specific training. Such training must include, but is not limited to, understanding and related forms of _____ , the stages of _____'s _____, communication strategies, medical information, and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning _____. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or _____-on experience to help develop and refine the employee's skills for caring for a person with _____'s _____ or a related form of _____. The continuing education must cover at least one of the topics included in the _____-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility	ZZ875			

Agency for Health Care Administration

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ZZ875	Continued From page 9 administrator or his or her designee or by an electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , must complete the training required in this section before . Proof of completion of equivalent training completed before , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the	ZZ875			

Agency for Health Care Administration

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ZZ875	Continued From page 10 department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to ensure that direct care staff had completed the required one hour training and the annual 4 hour (ADRD) continuing education for 5 of 5 sampled staff (Staff A, B, C, D, and E). The findings included: The facility has a Memory Care unit (MCU). During an interview on _____ at approximately 2:00 PM, the Administrator was asked if the Assisted Living (AL) direct care staff provided care and services to the Memory Care Unit (MCU), and she confirmed that all staff are cross trained to work in both AL and MCU. A review of the personnel files for: 1) Staff A (Administrator) hired on _____ had no documentation showing that the required one hour training video was completed within 30 days of hire. Further review revealed her last annual 4 hour continuing education was dated _____. 2) Staff B (Memory Care Unit, nurse) hired on _____ had no documentation showing that the required one hour _____'s training video was completed. Further review revealed her last annual 4 hour continuing education was dated _____. 3) Staff C (Caregiver) hired on _____ had no documentation showing that the required one	ZZ875			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PALM BEACH GARDENS

**11381 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

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ZZ875	Continued From page 11 hour training video was completed and further review revealed she did not have her annual 4 hour continuing education. 4) Staff D (Caregiver) hired on had no documentation showing that the required one hour training video was completed and further review revealed she did not have her annual 4 hour continuing education. 5) Staff E (Medication Technician) hired on had no documentation showing that the required one hour's training video was completed within 30 days of hire. During an interview on at approximately 3:00 PM the Administrator was informed of the findings noted. No additional documentation was provided during the survey. Unclassified	ZZ875		