STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932514	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookshire (the)	85 Bulldog Blvd. Melbourne, FL 32901	

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

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0122 - 58a-5.021(3) Fac - Fiscal - Personal Effects S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
conducted Assisted Living Facility with Extended Congregate Care and Limited Nursing Services biennial survey in conjunction with complaint inspection CCR#20103004759. The complaint was not substantiated.

There were deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record review and interviews the facility retained 1 of 19 sampled residents (#2) who developed a pressure.

Findings:

Resident record review for resident #2 at approximately 3 PM revealed a health assessment dated that indicated diagnosis of A fibs, and high And no pressure sores. She was alert and needed assistance with ambulation, bathing, dressing, toileting, and transfers.

Doctor's orders dated HHC (home health care) to wraps to control

HHC notes indicated that on

stage one pressure dime size; to right with scant amount of drainage".

"Left was checked off and right measured 0.3 x 0.3"

care to pressure on left

and was checked off at the left bottom side of page.

SN assessment and care to right measured 0.8 cm x 0.8 x D 0.2 CM. small amount of drainage

"Pressure to left 0.8 x 0.8 x 0.2 and was checked off.

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pressure to

" to measured L 0.2 cm x W 0.2 CM x <0.1OM"

Recertification OASIS visit indicated the resident was alert /oriented but forgetful, was of and used as needed for #1 right crease.

to pressure newly epithelized with no drainage".

to right newly epithelized".

care done to

care done to pressure on which is newly epithelized".

indicated "Patient continues to sit in same spot on her couch for extended periods of time, although she has no new pressure sores on bottoms. care done to stage to pressure which is now newly epithelized".

The home health care notes indicated the resident was alert and spent most of her time sitting on her couch in her . However the notes do not refer to any type joint care the facility and home care would provide to the resident to assist or enhance her healing process.

A facility note dated at 4:15 PM indicated that a telephone call was placed to the resident's doctor "regarding on right L 0.5 cm x 0.5 cm x D 0.2 cm.

The Director of Clinical Services stated at approximately 6:15 PM that when the home health care nurse stated it was pressure , she went to look at it afterwards, and it was not a but a . She added that she did not make any type of documentation about it nor did she called the home health agency to dispute the nurse's findings. Home health care was doing Duo-Derm treatment and she felt that was not required for a but a . She added the note dated that was in the facility notes and indicated a pressure was written by the home health nurse, not the facility staff .

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and records review the facility failed to ensure it provided care and services appropriate to the needs of 1 of 19 residents accepted for admission and was not aware the resident developed two pressure sores.

Findings:

Observations of resident #2 on said date at approximately 9:30 AM noted she sat in her couch. She stated she divided her a a living She was alert and oriented, clean and . No odors

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were noted. She stated the staff are very caring and treat her well and with respect. She got the care she needed. Has lived there for 2 years and had no concerns at all. She is going to lunch with her daughter and had her outfit all set. She added that she had a pressure because she sits and her legs get , but it had all been healed now, there was nothing there anymore.

Resident record review for resident #2 at approximately 3 PM revealed a health assessment dated that indicated diagnosis of , A fibs, and high And no pressure sores. She was alert and needed assistance with ambulation, bathing, dressing, toileting, and transfers.

Doctor's orders dated , HHC (home health care) to wraps to control .

HHC notes indicated that on

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The home health care notes indicated the resident was alert and spent most of her time sitting on her couch in her [illegible]. However the notes do not refer to any type joint care the facility and home care would provide to the resident to assist or enhance her healing process.

A facility note dated [illegible] at 4:15 PM indicated that a telephone call was placed to the resident's doctor "regarding [illegible] on right [illegible] L 0.5 cm x 0.5 cm x D 0.2 cm.

The facility's monthly nursing assessments dated [illegible] and [illegible] make no mention that the resident was under the care of home care for [illegible] care to the pressure sores, or that she had pressure sores. The assessment dated [illegible] indicated she received home health but did not provide a reason or treatment received.

The Director of Clinical Services stated at approximately 6:15 PM that when the home health care nurse stated it was [illegible] pressure [illegible], she went to look at it afterwards, and it was not a [illegible] but a [illegible]. She added that she did not make any type of documentation about it nor did she call the home health agency to dispute the nurse's findings. However the facility implemented [illegible] measures to relief pressure from bottom like lie on side not on bottom, her son got a chair cushion. She was unaware if the caregiving staff were aware of the pressure [illegible] when it first developed and whether or not they told the nurse(s) or not. She stated that she told the home health that she wanted to speak with her but did not. Home health care was doing Duo-Derm treatment and she felt that was not that required for a [illegible] but a [illegible]. She added the note dated [illegible] that was in the facility notes and indicated a [illegible] pressure [illegible] was written by the home health nurse, not the facility staff. The facility became aware of the pressure [illegible] when the home health nurse informed them.

Class II

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 3 of 4 sampled staff (A, C and E) received the required in-service training.

Findings:

Personnel record review revealed that Staff A hired [illegible] staff C hired [illegible] and staff E hired [illegible].

There was no documentation to confirm that Staff A, C and E had in-service training that covered Resident rights in an assisted living facility.

There was no documentation to confirm that Staff A and C had in-service training that covered:

1. Recognizing and reporting resident [illegible], neglect, and [illegible].
2. A minimum of 1 hour in-service training that covered reporting major incidents.
3. Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident elopement response policies and procedures

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There was no documentation to confirm that Staff A was not a nurse, certified nursing assistant, or home health aide did not documentation to confirm that she had received in-service training that covered:

1. 3 Hours- Resident behavior and needs and providing assistance with the activities of daily living.
2. A minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

The administrator stated on at approximately 5 PM, that there were no certificates found for the above training's and she was told in the past that the certificates were not required and the in-service logs were acceptable. Staff A, C and E each had an in-service logs in their charts and the above training's were listed on the in-service log and the date and only the employee's signature. Further review of the in-service log revealed that there was no way to determine who provided the training's, the log did not have the training provider's name, date, signature and credentials that was to be also included on a certificate after the staff received the training.
Class III

0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (A) obtained a one-time training on

Findings:

Personnel record review at approximately 4 PM revealed staff A was hired on Continued individual personnel review revealed no evidence to confirm that staff A completed a one time education course in-service training regarding

The administrator stated at approximately 5 PM the staff most likely got the training but she did not have a certificate to confirm the training.
Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interviews the facility failed to ensure that 1 of 5 sampled staff (A) received an in-service training regarding the facility's policies and procedures regarding

Findings:

At approximately 9 AM staff A stated in an interview that she had not received a training regarding the facility's policies and procedures regarding

Personnel record review at approximately 4 PM revealed staff A was hired on Continued individual personnel review revealed no evidence to confirm that staff A completed a one time education course in-service training regarding

The administrator stated at approximately 5 PM the staff most likely got the training but she did not have a certificate to confirm the training.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interview the facility did not maintain a 3-day emergency supply of water to meet the nutritional needs of 130 residents, based on the Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council in the event of an emergency and keep on file for 6 months the regular and therapeutic menus.

Findings:

Review of the facility's census list revealed that there were 130 residents that resided at the facility.

Observation of the facility's emergency water that was stored on [redacted] at approximately 10:30 AM revealed that there was only 104 gallons available and 390 gallons were required (1 gallon per day x 3 days x 130 residents). The dietary manager stated that they would possibly use water from the hot water heater. She was asked if the plan to obtain the water from the hot water heater and how, was approved in their emergency plan and she stated that she was not aware and would check to see. The approved emergency plan that included the water was never provided.

The Dietary manager was asked for the last six months of menus that included the substitutions. She stated on [redacted] at approximately 10:45 AM that she had worked at the facility since [redacted] and when she started she could not locate any menus prior to her hire date. She could only provide menus for [redacted] to the present.

Class III

0122-Fiscal - Personal Effects 58A-5.021(3) FAC
Based on record review and interview the facility failed to ensure for 5 of 19 sampled residents they provided safekeeping of funds for up to $200.

Findings:

Review of the Resident Fund Management Balance Report date [redacted] stated the following residents had more than $200 in their accounts:

#15 - 370.04
#16 - 427.72
#17 - 200.06
#18 - 289.84
#19 - 260.32

Interview with the administrator on [redacted] at approximately 5 PM who was not aware the facility kept more than the allowed amount in the resident accounts.

Class III

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0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (A) records contained a job application.

Findings:

Personnel record review at approximately 4 PM revealed staff A was hired in , 2013. Continued personnel review for Staff A revealed no evidence to confirm staff A completed a job application.

The administrator stated at approximately 5 PM that she was unable to locate the application but was sure the staff completed one; as she had been a longtime employee.

Class

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview the facility failed to ensure the contract included a provision that residents must be assessed every three years, or after a significant change for 2 of 19 sampled residents (#1 & #2).

Findings:

Review of contracts for resident #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract.

Interview with the administrator on at approximately 5 PM who stated she was not aware the contract did not state the required information and would update it.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Brookshire (the)
85 Bulldog Blvd.
Melbourne, FL 32901

Dear Administrator:

Re: Biennial w/ECC and LNS

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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