STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964980	09/02/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ORANGE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1248 KINGSLEY AVENUE** **ORANGE PARK, FL 32073**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015004249, was conducted on 13, 2015 and on 2, 2015. Brookdale Orange Park had deficiencies found at the time of the visit.

0081 Training - Staff In-Service

Based on employee record review and staff interview the facility failed to ensure that staff received training for , neglect and within 30 days of employment for 4 of 7 employees (staff D, E, F, and G)

The findings include:

Employee D was hired on as a Caregiver. A review of the file revealed no certificate for training in , neglect and within 30 days of employment or at any time since the date of hire.

Employee F was hired on as a Caregiver. A review of the file revealed no certificate for training in , neglect and within 30 days of employment or at any time since the date of hire.

Employee F was hired on as a Caregiver. A review of the file revealed no certificate for training in , neglect and within 30 days of employment or at any time since the date of hire.

Employee G was hired on as a Caregiver. A review of the file revealed no certificate for training in , neglect and within 30 days of employment or at any time since the date of hire.

During an interview with the Executive Director at 1:30 PM on she stated the assisted living facility was unable to provide training certificates for , neglect, and training for Employees D, E, F, or G.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Orange Park
1248 Kingsley Avenue
Orange Park, FL 32073

RE: CCR #2015004249

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 14, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, RN
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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