STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964641	09/14/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE ROTONDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **550 ROTONDA BLVD WEST** **ROTONDA WEST, FL 33947**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on at Brookdale Rotonda, an Assisted Living Facility (ALF) in Englewood, Florida.

The following is description of the deficiencies:

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to appropriately document required training for 3 (Staff A, B, and C) of 3 staff reviewed.

The findings included:

1. Record review for Staff A found she was hired on . Record review for staff A found no certificates for completing the training for Elopement, Incident reporting, Resident Rights, and Recognizing and Reporting . Completion of these training's were found on an "Initial New Hire Training." This form listed the date of the training, the name of the training and the hours of the training. It did not contain the training program agenda, the name or the signature of the trainer, or the location of the training.

2. Record review for Staff B found she was hired on . Record review for staff B found no certificate of training for Activities of Daily Living (ADL) and Behavioral Need, Emergency preparedness, , Incident reporting, Resident Rights, and Recognizing and Reporting . The verification of these training was recorded on a "Senior Living Training Summary Chart." This chart listed the title of the training and the dated of the training. It did not list the hours of the training, the name and signature of the trainer, the agenda of the training, nor the location.

3. Record review for Staff C found she was hired on . Record review for staff C found no certificate of training for ADL and Behavioral Need, Emergency preparedness, Incident reporting, Resident Rights, and Recognizing and Reporting . The verification of these training was recorded on a "Senior Living Training Summary Chart." This chart listed the title of the training and the dated of the training. It did not list the hours of the training, the name and signature of the trainer, the agenda of the training, nor the location.

4. On at 2:30 p.m., the business office coordinator said many of the required training for Staff A, B, and C have not been documented with certificates.

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

Class

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to ensure weekly dated menus were posted and that the menue was followed.

The findings included:

On at 12:15 p.m., the noon meal was observed being served. The posted menu was dated through .

On / at 12:20 p.m. the Health and Wellness Director said the Dining Service Coordinator has been gone and staff did not update the weekly menus since .

On / at 12:25 p.m., the Business Office Coordinator provided a copy of the menu for / . The menu for the noon meal called for Marinated Carrot Salad, Chicken Divan, stir fried barley, roasted broccoli and Cauliflower.

On / / at 12:30 p.m., the observation of the noon meal being served found roasted broccoli and cauliflower was not served. Staff D said they did not have the cauliflower available. Staff D said there was no substitution for the roasted broccoli and cauliflower.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Brookdale Rotonda
550 Rotonda Blvd West
Rotonda West, FL 33947

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by representatives 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 [redacted], 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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