STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R 11/23/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE** **PORT ORANGE, FL 32127**	

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

0000 Initial Comments

A follow-up visit to a biennial survey was conducted at Brookdale Yorktowne on . Brookdale Yorktowne had deficiencies at the time of the visit.

0007 Admissions - Criteria

Based on record review and staff interview, the facility failed to esure 2 of 3 sampled residents met the criteria for residency in an assisted living facility. (Resident #3 and Resident #4)

The findings include:

1) A review was conducted of the Agency for Health Care (AHCA) 1823 form for Resident #3 dated . Section 1 of the form, under physical limitation, the physician wrote "Bed bound- requires 2 person assist". On page 2, under Section C #2 Bedridden, the physician wrote "yes". (photographic evidence obtained).

An interview with the Health and Wellness Director on at 11:55 AM confirmed the 1823 stated the Resident was bed bound and did not fit criteria for admissions.

2) A record review was conducted for Resident #4 and it revealed a date of Admission .

A review was conducted of a fax copy of the Agency for Health Care (AHCA) 1823 form for Resident #4 signed by the physician and dated . On page 2, under Section C question #1: does resident have a communicable , which could be transmitted to other residents or staff, the physician wrote "yes". (photographic evidence obtained).

An interview with the Executive Director on at 11:21 AM confirmed the 1823 for Resident #4 was marked the resident had a communicable .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R I/

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE YORKTOWNE	**1675 DUNLAWTON AVENUE** **PORT ORANGE, FL 32127**

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

Class III

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to have a Resident Health Assessment for Assisted Living Facilities (AHCA form 1823) completely filled out for 2 residents (Resident #1 and Resident # 3) out of 3 residents sampled.

The findings include:

1) A record review was conducted for Resident #1 and revealed an 1823 that was signed by the physician but not dated. Upon further record review, another 1823 was found in the residents chart and was not marked for what type of assistance the resident required for medications. A fax date is seen on both copies of .

An interview with the Health and Wellness Director (HWD), LPN, on I/ at 10:15 AM confirmed the 1823 for was not dated. The HWD could not confirm who marked the resident required medication assistance but confirmed is was done by the facility and was not filled out properly per Florida Regulations by including the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.

2) A record review was conducted for Resident #3 and it revealed an Form 1823 signed by the physician and dated . On page 2, under Section C question #5, the physician failed to answer the question if the resident required 24 hour nursing or care.

An interview was conducted with the Health and Wellness Director on I/ at 11:55 AM confirmed the Resident #3's 1823 was not complete.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE YORKTOWNE	**1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127**

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

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to have evidence of a negative testing and a physicians statement free of communicable for 2 employees (Employee G & Employee I) out of 3 employee files reviewed.

The findings Include:

1) A employee record review was conducted for Employee G and it revealed a hire date of . A test was found dated but did not give the date or by whom test was read. Upon further review of the employee record a physician statement stating Employee G is free from communicable could not be found.

An interview with the Business office Manger on / at 1:15 PM confirmed the test was not complete and that the facility did not have a free from communicable statement from a physician or approved provider.

2) A employee record review was conducted for Employee I and it revealed a hire date of / . A test and a free from communicable statement was found dated which is greater than 6 months from date of hire and is not longer current.

An interview with the Business office Manger on / at 1:15 PM confirmed the test and communicable statement was greater than 6 months. She stated, "I thought they were just due once a year."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R / /
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE** **PORT ORANGE, FL 32127**	

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

0081 Training - Staff In-Service

Based on record review and staff interviews, the facility failed to perform inservice's and provide documentation of staff being trained within 30 days of employment as the following: 1 hour in reporting major incidents, reporting adverse incidents, facility emergency procedures, including chain of command and staff roles, 1 hour training in resident rights, recognizing and reporting resident , neglect and , and 3 hour training in Activities of Daily Living, 1 hour in elopement response policies and procedures, and 1 hour of safe food handling for 4 employees (Employee C, Employee E, Employee G, and Employee I) out of 6 employees sampled.

The findings include:

1) A record review was conducted for Employee C, Resident Care Aid, and it revealed a hire date of . A certificate dated / was found for Activities of daily Living (ADL) training for 60 minutes and not the required 3 hour training. Upon further review a certificate dated was found for Food safety and handling for 25 minutes and not the required 1 hour training.

2) An employee record review was conducted for Employee E, Resident Care Aid, and it revealed a hire date of / . A training certificate dated / / was found for ADL training but was for 60 minutes and not the required 3 hour training. Upon further review a certificate dated / / was found for Food safety and handling for 25 minutes and not the required 1 hour training.

3) An employee record review was conducted for Employee G and it revealed a hire dated of / . There was no documentation found for Employee G received training for 1 hour in reporting major incidents, reporting adverse incidents, facility emergency procedures, including chain of command and staff roles, 1 hour training in resident rights, recognizing and reporting resident , neglect and , and 1 hour of safe food handling.

4) A employee record review was conducted for Employee I, Certified Nursing Assistant (CNA) and it revealed a hire date of . There was no documentation seen in the employees file for 1 hour in reporting major incidents, reporting adverse incidents, facility emergency procedures, including chain of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
		R
	AL11965402	**11/23/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127**	

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

command and staff roles, 1 hour in elopement response policies and procedures, and 1 hour of safe food handling and 1 hour in control.

An interview with the Employee B, on / at 12:20 PM confirmed she did not have the training on Employees C, E, G and I. She stated " I will have to go and print them". The employee never returned with the certificates.

An interview with the Executive Director at / at 3:00 PM confirmed the facility did not have the training done on Employees C, E, G and I.

Class III

0082 Training - /

Based on record review and staff interviews, the facility failed to have staff trained in and with 30 days of Employment as prescribed in Section 381.0035 for 4 Employees (Employee C, Employee E, Employee G, and Employee I) out of 6 sampled employees.

The findings Include:

1) A employee record review was conducted for Employee C and it revealed a hire date of . No documentation was found that the Employee received training on /.

2) A employee record review was conducted for Employee E and it revealed a hire date of . No documentation was found that the Employee received training on /.

3) A employee record review was conducted for Employee G and it revealed a hire date of / . No documentation was found that the Employee received training on /.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
		R
	AL11965402	**11/23/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127**	

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

4) A employee record review was conducted for Employee I and it revealed a hire date of / . No documentation was found that the Employee received training on / .

An interview was conducted with Employee B on / at 12:20 PM and she confirmed she did not have any certificates or documentation for the listed employees to verify they received training in / .

An interview with the Executive Director on / .2015 at 3 PM confirmed the facility did not have training in Employee C, E, G, and I.

Class III

0090 Trainina -

Based on record review and staff interviews, the facility failed to enusre staff received 1 hour of training on the facilities policies and procedures regarding ( ) within 30 days of employment for 3 Employees (Employee C, Employee G, and Employee I) out of 6 sampled employees.

The findings include:

1) A employee record review was conducted for Employee C and it revealed a hire date of / . A certificate was dated that the employee received 40 minutes of training on .

2) A employee record review was conducted for Employee G and it revealed a hire date of / . No documentation was found that the Employee received an hour training on .

4) A employee record review was conducted for Employee I and it revealed a hire date of . No documentation was found that the Employee received an hour training on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R /
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127**	

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

An interview was conducted with Employee B on / at 12:20 PM and she confirmed she did not have any certificates or documentation for the listed employees to verify they received training in .

An interview with the Executive Director on / at 3 PM confirmed the facility did not have an hour training for Employee C and no training could be found for Employee G and I. He stated, "It's a systematic problem, our training only gives 40 minutes."

Class III

0161 Records - Staff

Based on record review and staff interviews, the facility failed to maintain personnel records for each staff member but no having documentation of compliance with training requirements for 4 Employees (Employees C, E, G and H) out of 6 employees sampled.

The findings Include:

1) A record review was conducted for Employee C, Resident Care Aid, and it revealed a hire date of . A certificate dated was found for Activities of daily Living (ADL) training for 60 minutes and not the required 3 hour training. Upon further review a certificate dated / was found for Food safety and handling for 25 minutes and not the required 1 hour training.

2) An employee record review was conducted for Employee E, Resident Care Aid, and it revealed a hire date of / . A training certificate dated / was found for ADL training but was for 60 minutes and not the required 3 hour training. Upon further review a certificate dated / / was found for Food safety and handling for 25 minutes and not the required 1 hour training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
		R
	AL11965402	11/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE YORKTOWNE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127	

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

3) An employee record review was conducted for Employee G and it revealed a hire dated of . / . . There was no documentation found for Employee G received training for 1 hour in reporting major incidents, reporting adverse incidents, facility emergency procedures, including chain of command and staff roles, 1 hour training in resident rights, recognizing and reporting resident , neglect and , and 1 hour of safe food handling.

4) A employee record review was conducted for Employee I, Certified Nursing Assistant (CNA) and it revealed a hire date of . There was no documentation seen in the employees file for 1 hour in reporting major incidents, reporting adverse incidents, facility emergency procedures, including chain of command and staff roles, 1 hour in elopement response policies and procedures, and 1 hour of safe food handling and 1 hour in control.

An interview with the Employee B, on / at 12:20 PM confirmed she did not have the training on Employees C, E, G and I. She stated " I will have to go and print them". The employee never returned with the certificates.

An interview with the Executive Director at / at 3:00 PM confirmed the facility did not have the training done on Employees C, E, G and I.

Class III

N278 LNS - Records

Based on observation, record review and staff interview, the facility failed to maintain an accurate record of all residents receiving Limited Nursing Services (LNS).

The findings include:

An observation was conducted on / . . of lunch service. Resident #5 was observed sitting in her wheelchair at the dining with a portable tank attached to the back of her chair and a nasal cannula in her nose.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965402	R /
NAME OF PROVIDER OR SUPPLIER **BROOKDALE YORKTOWNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127**	

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

An interview was conducted with Employee J, Registered Nurse, (RN) on / at 11:45 AM confirmed the facility assists Resident #5 with her . She stated, "She is on hospice and we assist her, she is on LNS."

A review was conducted of the facility LNS log and Resident #5 is not listed for receiving assistance. (photographic evidence obtained)

An interview with the Health and Wellness Director, LPN on / at 11:50 am confirmed the resident was not listed on the LNS log. She stated "I just asked Employee J, why her name isn't on the log and she said that she forgot."

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965402	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
BROOKDALE YORKTOWNE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(LSC	Correction Completed	ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed	ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A LSC	Correction Completed 11/23/2015
ID Prefix AN276 Reg. # 58A-5.031(1) FAC LSC	Correction Completed	ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed
ID Prefix AZ816 Reg. # 408.809(2)(a-c) FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Dana Mergine	Date: 12/11/15	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES	NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Yorktowne
1675 Dunlawton Avenue
Port Orange, FL 32127

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016.

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 (904) 798-4201.

Sincerely,

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

AF/JM/sm
Enclosure

BBT7

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com