STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	11/10/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE JENSEN BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015008891, was conducted on 11/10/2015 at Brookdale Jensen Beach. The facility had deficient practice identified at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, it was determined the facility failed to establish a grievance procedure that facilitated the resident's exercise of their right to prompt efforts on behalf of the facility to resolve grievances for 4 of 4 sampled residents (Resident #1; Resident #2; Resident #3; and Resident #4).

The Findings included:

Review of the facility ' s Resident Complaint/Grievance Procedure (last revised 2015) indicated a resident and/or their guardian, on behalf of the resident, have the right to express complaint(s) regarding community and/or its services. In the event a resident and/or resident ' s guardian has a complaint regarding the community or its services, the following steps should be taken: The resident and/or guardian should discuss the complaint with the associate or Supervisor. If unable to resolve complaint it should be submitted in writing to the ED (Executive Director). The Executive Director should respond in writing to the resident or their guardian within fourteen (14) days of receipt of the complaint. The concerns forms are located in each caregiver station or in the sign in book located in the foyer. If unable to resolve complaint with this step then the written complaint and response from the ED shall be submitted to the District Director of Operations (contact information not noted in policy). The District Director of Operations has fourteen (14) days to respond to the complaint. The next step would be to contact Brookdale Family Connection; the Ombudsman ' s office; then the hotline (these contact telephone numbers were noted in the policy).

During interview with the LPN (Licensed Practical Nurse) in the Health and Wellness Center, conducted with the ED on / at approximately 10:05 AM, she could not locate any grievance forms. During interview with the receptionist, conducted on / beginning at approximately 10:10 AM with the ED, she stated she did not have any forms and if any complaints came to her attention that she would email the ED. During subsequent interview and policy and procedure review conducted with the ED, on / beginning at approximately 10:15 AM, he stated that residents had not been provided with the grievance policy and procedure upon admission. He also acknowledged that the grievance policy and procedure was not posted anywhere in the facility. He stated he does not use the forms that

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he only documents concerns on the log.

During observation and interview with Resident #3 conducted on 11/10/2015 beginning at approximately 1:30 PM, he stated he has repeatedly requested that his bathroom exhaust fan be disconnected or run on a different switch so the fan does not come on every time the comes on. They are 2 separate fixtures (one for the light and one for the fan) and 1 switch. He stated he even told the Maintenance Director he would pay an electrician to fix this problem as every time he has to get up in the middle of the night to use the that the noise from the fan is annoying and it sometimes wakes up his spouse. He stated they did replace the fan fixture and it is slightly quieter but that it does not resolve the problem.

Review of Resident #3 ' s health assessment (1823 form), dated , did not reflect any concerns. His diagnoses were noted as ; ; ; unstable gait; dependent ; and . Review of the Resident Log Notes on his record did not reflect any notations of any complaints. Review of the Resident ' s Grievance log for the past 12 months did not indicate any complaints filed by Resident #3. Review of the Resident Council Minutes for the past 6 months did not reflect any complaints related to fan for Resident #3.

During interview and record review conducted with the ED (Executive Director) and the Maintenance Director, on beginning at approximately 2:40 PM, the Maintenance Director acknowledged that Resident #3 ' s concerns related to the fan has been ongoing since approximately 2015. However, as for the fan, the Maintenance Director stated that it was replaced with a different one and that he was aware that this resident was still not pleased with this attempt to resolve this matter. He stated it would take an electrician to rewire for an additional switch to have the fan work separately from the light fixture in their . He stated he was not aware that Resident #3 was willing to pay for the electrician to correct this concern. He acknowledged that he was aware that Resident #3 was not satisfied with the current resolution to the fan because he has talked to him about it. He was asked if he had ever filed a grievance about this concern on behalf of this resident or if he had ever offered for Resident #3 to file a grievance about his concern. He stated that he had not thought of that. The ED was informed that since the concern related to the fan still has not been corrected or addressed with this resident again since 2015 that it is considered to be an unresolved grievance.

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During interview with Resident #1, conducted on / beginning at approximately 10:45 AM, he was asked about the notation on the grievance log that reflected on his wallet and keys were missing and subsequently located in his recliner. He stated that his keys were never missing and his wallet was on his dresser with $50.00 missing from it. He was asked if a police report was filed and what steps did the facility take regarding this matter. He stated he reported it to the former Executive Director and that nothing was ever done about it to his knowledge. He stated he did not know anything about a police report as nobody every spoke to him about it. Resident #1 was asked if he filed a grievance related to the missing $50.00. He stated he did not and that he does not even know how to file a grievance. Review of Resident #1 ' s health assessment, dated / , reflected primarily alert and oriented. The Resident Log Notes did not contain any documentation related to the missing $50.00 for this resident.

During interview with Resident #2, conducted on / beginning at approximately 11:00 AM, she was asked about the notation on the grievance log that reflected on that there was some missing clothing. She stated that she has some missing nightgowns and other items that she does not use frequently that were stored in a locked suitcase in her . She stated that all of the staff has keys to her apartment and she thinks they come in a take things when she is out for meals. She stated that the police were contacted but that they didn ' t do anything to locate these items. Resident #2 ' s health assessment, dated, , indicated memory loss and needs cues/reminders. Review of the Resident Log Notes did not contain any documentation related to the missing clothing items for this resident.

During interview with Resident #4 ' s daughter, conducted on / at approximately 11:15 AM, she stopped this surveyor in the hallway and reported that on her mother ' s purse was missing and it contained $100.00, she had just received for her birthday; her credit cards and identification; and her prescription sunglasses. She was asked if a police report was filed related to this incident. She stated not to her knowledge. She was asked if a grievance was filed related to this incident. She stated not to her knowledge. She stated none of the items had been located or replaced by the facility. She stated she had to cancel the credit cards and report them as stolen. She stated she has since obtained another pair of prescription sunglasses for her mother as well as her expense. During interview with the ED (Executive Director) conducted on / at approximately 11:30 AM, he was informed of the incident of Resident #4 ' s personal belonging missing. He stated he was not aware of this. He was asked why this was not documented on the grievance log nor a grievance report filed and police report filed. He could not provide and explanation other than he was not the ED at the time of this incident.

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During subsequent interview conducted with the ED on 11/10/2015 beginning at approximately 3:20 PM, he was informed that the facility currently does not have an effective grievance procedure that promptly resolved/addressed grievances of 4 of 4 identified residents with grievances in the past 7 months. He stated 3 of those concerns he was not even aware of as they happened prior to his arrival to this facility a couple of months ago. He was informed that this does not change that fact that there are unresolved resident grievances as of the time of this inspection. He acknowledged that he understood this.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

RE: CCR #2015008891

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by a representative from 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 , 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 representative. Should you have any questions please call Arlene Mayo - Davis at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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