STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964980	06/24/2016
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

On , 2016, a biennial re-licensure survey with Limited Nursing Services (LNS) in conjunction with a complaint survey (CCR 2016006407) was conducted at Brookdale of Orange Park (License #9423). Deficient practice was identified during the surveys. No deficient practice was identified for the complaint.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to ensure that two (2) of three (3) sampled residents had a completed health assessment in their record (Residents #6 and #8).

The findings include:

1) During a record review for Resident #6, his Resident Health Assessment (Form 1823) dated / was missing page two (2). This page included information related to his physical abilities, the status of any , his well-being, his dietary needs, and whether he was free from any communicable . Page five (5) of this form, which listed services provided by the facility for the resident, was missing the necessary signature from the administrator for completion. The certificate of Medicaid necessity was also missing a signature.

Further review of Resident #6 ' s clinical record revealed that this information was not located anywhere else in his chart at the time of the survey.

The Director of Nursing (DON) was asked to produce the second page at 2:20 p.m. on , because she stated that a copy could be elsewhere.

At 3:30 p.m., the DON returned to say that page two (2) could not be located. She acknowledged that the form should have been filled out to completion. She said it was the job of the administrator and the DON to ensure that it was filled out completely.

2) During a record review for Resident #8, her Resident Health Assessment (Form 1823) dated

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/ was noted with missing information. Page two (2) indicated that Resident #8 required 24-hour nursing and/or care, and it did not indicate whether or not Resident #8 was appropriate for residency in an Assisted Living Facility (ALF). Page five (5) of the assessment was to address the services the facility would provide for the resident. This page was signed and dated, however, it was left blank, indicating no services at all. (Photographic evidence obtained)

During a interview with the Administrator at 5:40 p.m. Resident #8's Health Assessment was reviewed with her. The Administrator confirmed that she and the facility's DON were responsible for reviewing the residents' health assessments when they received them. She acknowledged the missing information and stated that she would address it right away.

Class III

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to ensure that each employee had submitted a communicable statement from their physician within 30 days of hire that stated they were free of communicable , including ( ) for one (1) of 4 sampled employees (Employee D).

The findings include:

A review of Employee D's personnel file revealed no statement from her physician indicating that she was free from communicable , including .

At approximately 3:00 p.m., Employee D (hired on /) produced a statement from her physician indicating that she was free from communicable , including . It was dated , the date of the survey. She confirmed that this statement was all that she had available for review.

Class III

0082 Training - /

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

Based on record review and staff interview the facility failed to provide the required ( ) training within 30 days of hire for one (1) of four (4) sampled employees (Employee C).

The findings include:

A review of Employee C's personnel file revealed no documentation to prove her completion of the required training. Employee C's date of hire was /

During a interview with the Administrator at 5:45 p.m., she was unaware that this training was missing from the personnel file. She was unable to produce it during the time of the survey or in faxed documents received at the Area 04 Office on either or .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016006407

Dear Administrator:

This letter reports the findings of a state biennial licensure; Limited Nursing Services and complaint survey that was conducted on , 2016 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 , 2016.** 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 -4201.

Sincerely,

Jana Meyer , CIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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