STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965569	09/14/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BOCA RATON**	STREET ADDRESS, CITY, STATE, ZIP CODE **9591 YAMATO ROAD** **BOCA RATON, FL 33434**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on 09/14/2016 at Brookdale Boca Raton (License #9911). The facility had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had verification of freedom and/or evidence of negative ( ) examination documented by a health care provider on an annual basis.

The findings include:
On at approximately 1:00 PM, an employee record review was conducted and it revealed that Staff C did not have an updated freedom of ( ) documentation in file. Further review revealed the most recent documentation of testing was dated .

An interview was conducted on / / at approximately 2:30 PM, the Administrator and Business Coordinator acknowledged the findings. According to Business Coordinator, she notified Staff C to update her status but Staff C did not make an appointment. Administrator and Business Coordinator provided no further information for review.

Class III

0091 Training - Documentation & Monitoring

Based on employee record review and staff interview, the facility failed to maintain copies of training certificates on file, for 3 out of 3 sampled Staff (A, B, and C).
The findings included:
On / at approximately 1:00 PM, an employee record review was conducted for Staff A, B, and C revealed no training certificates were contained in each employees ' file. The following concerns were identified:
1)Staff A (date of hire)- Revealed a transcript on file for the following trainings but no certificates could be located .
a) Control
b) ADL & Behavioral Needs Training
c) Training
d) Elopement Response

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SUMMARY STATEMENT OF DEFICIENCIES
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e) Incident Reporting
f) Resident Rights
g) Recognizing/Reporting , Neglect, and
h) P&P
i) Nutritional and Safe Food Handling
j) I & II

2) Staff B (date of hire 1/2/02) - Revealed a transcript on file for the following trainings but no certificates could be located .
a) Control
b) Training
c) Elopement Response
d) Incident Reporting
e) Resident Rights
f) Recognizing/Reporting , Neglect, and
g) P&P

3) Staff C (date of hire /)- Revealed a transcript on file for the following trainings but no certificates could be located .
a) Control
b) ADL & Behavioral Needs Training
c) Elopement Response
d) Emergency Preparedness & Evacuation
e) Incident Reporting
f) Recognizing/Reporting , Neglect, and
g) P&P

On approximately at 2:30 PM, the Administrator and Wellness Coordinator acknowledges the trainings were completed but no certificates were available. According to the Wellness Coordinator, Staff B & C have been employed with the facility for over 15 years and they had received the trainings during orientation. The Administrator provided no further information for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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Class

Z814 Background Screening Clearinghouse

Based on record review and staff interview, the facility failed to enter 44 of 49 current employees into the Background Screening Clearinghouse.

The findings include:

On , a review of the facility's Employee Roster on the Background Screening Clearinghouse website revealed information for only 5 of the 49 employees currently employed at the facility.

On at approximately 12:30 PM, the Business Office Manager confirmed that only 5 of 49 current employees had been entered into the BGS Clearinghouse Employee Roster as of .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Boca Raton
9591 Yamato Road
Boca Raton, FL 33434

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 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 7, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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