STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	10/03/2016
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, CCR #2016008501, was conducted on at Brookdale Jensen Beach, license number 9294. The facility had deficiencies at the time of the visit.

The above complaint survey was conducted in conjunction with a revisit survey, see separate report.

Z814 Background Screening Clearinghouse

Based on record review and interviews, the facility failed to ensure employees with a Level II Background Screening conducted prior to being hired did not have a 90-day break in employment prior to their hire date for 1 of 5 sampled employees (Employee B); and, failed to update required employee information in the Care Provider Background Screening Clearinghouse within 10 days of hire for 2 of 5 sampled employees (Employee B and Employee D).

The findings included:

Review of facility and employee records was conducted with the facility's Business Office Coordinator (BOC) and Health and Wellness Director (HWD) present. The following concerns were identified:

1. Employee B, a Resident Associate (caregiver), was hired on . Her Level II Background Screen documented an eligible date of , more than 4 months prior to her hire date. Her Application for Employment signed , in the section titled Employment History, reflected one entry with employment dates of 2014 to 2016, more than 6 months prior to her hire date. Her resume revealed her latest employment was from 2006 to present and was not dated. There was no documentation showing facility staff obtained an updated Level II Background Screen as Employee B was unemployed beyond the 90 days prior to her hire date.

2. Employee B. a Resident Associate, was hired on . Employee D, a Resident Associate, was hired on . Review of the facility's record in the Care Provider Background Screening Clearinghouse; specifically the Employee Roster section revealed neither employee had been registered in the roster as required within 10 days of hire.

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During an interview conducted on 10/03/2016 at 4:55 PM with the BOC and HWD present. The HWD confirmed Employees B and D provided direct care to the facility's residents. The facility provided no additional infomration for review.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016008501

Dear Administrator:

This letter reports the findings of a complaint 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 27, 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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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