STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964476	12/14/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE AVONDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4455 MERRIMAC AVENUE** **JACKSONVILLE, FL 32210**	

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

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to create an employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

On at 11:22 AM, an attempt was made to read the facility's Employee Roster form the agency's portal. There was one employee listed on the roster, who was hired in 2014 and worked in the Maintenance department.

The Business Office Manager was asked at 11:28 AM to verify the Employee Roster was completed. She pulled up the portal from her computer, and it was blank.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 Initial Comments

On 12/14/2016 a biennial relicensure survey was conducted at Brookdale Avondale, License #9013. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that 1 of 3 employees reviewed received a screening within 30 day of hire or annually. Additionally, 1 of 3 employees reviewed did not have a physician's statement regarding communicable status.

The findings include:

Employee B's start date was listed as in her employee record. She was hired to work as a nurse on the overnight shift.

Her record showed no evidence of a test being done at hire or annually, and there was documentation she had been assessed to be clear of communicable .

At 1:07 PM on , the Business Office Manager confirmed these items weren't in the file and she could not find evidence it had been done.

Class III

0081 Training - Staff In-Service

Based on Interview and Record Review, the facility failed to ensure 1 of 3 employees (Employee C) obtained the required new hire trainings within 30 days of employment.

The findings include:

Employee C's file showed that her hire date was .

The file was missing training certificates for Control, ADL and Behavioral Needs, Incident Reporting, and Resident Rights to show that she had received these trainings.

The Administrator and Business Office Manager confirmed at 1:15 PM on that these items were not in the employee's file and could provide evidence on the day of the inspection that the trainings

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

I, 2016

Administrator
Brookdale Avondale
4455 Merrimac Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state licensure 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 21, 2017.** 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 Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AW/JM/sm
Enclosure
XG90

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

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Class III

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Employee C's file showed that her hire date was .

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In an interview with the Business Office Manager at 10:47 AM, she confirmed that she is responsible for updating the Log.

She reviewed the missing information for Resident #6 and confirmed she should have been added, since she moved into the facility in May of 2016. She also confirmed that Resident #8 had expired in the facility on but she had neglected to update the Log. She also acknowledged that she did not fill in the location information for 16 residents on the Log, despite there being a column asking for that information.

On , the employee file for Employee A revealed one training certificate for training. There were no other training certificates in her chart. Her start date was entered as in the employee record.

In an interview with the Administrator and Business Office Manager at 1:10 PM on , they confirmed there were no training certificates on premises for Employee A. Additional information was provided by the Business Office Manager that Employee A transferred from another facility within the same company and her trainings may have been done there, but there were no certificates sent over when she changed locations.

Class III

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had been given. They explained the company began using a different inservice program after Employee C began working, but there was no evidence she had attended these trainings either.

Class III

0082 Training -

Based on Record Review and Interview, the facility failed to ensure 1 of 3 employees files reviewed (Employee C) received training within 30 days of hire.

The findings include:

Employee C's file showed that her hire date was /

The file was missing training certificates for .

The Administrator and Business Office Manager confirmed at 1:15 PM on that these items were not in the employee's file.

Class III

0160 Records - Facility

Based on Record Review and Interview, the facility failed to maintain an up to date Admission and Discharge Log for 16 Residents. Additionally, the facility failed to ensure training documentation for 1 of 3 employees (Employee A) reviewed was readily available for inspection.

The findings include:

On , a review of the facility's Admission and Transfer Log was completed.

When the resident census was compared to the Admission and Discharge Log, the Log included a list of all the current residents, with the exception of Resident #6. She was not documented as having been admitted.

Resident #8 was listed as being admitted on / , and did not have a discharge date.

The discharged residents were highlights using multiple colors, but Resident #8 was not highlighted.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
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Dear Administrator:

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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 21, 2017.** 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.

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Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at -4201.

Sincerely,

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

AW/JM/sm
Enclosure
XG90

Jacksonville Field Office
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