STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910533	**12/28/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PHILLIPPI CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 SWIFT ROAD** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

An unannounced Biennial survey was conducted / through / at Brookdale Phillipi Creek, an Assisted Living Facility, (license #7102) in Sarasota, Florida.
The following is a description of the deficiencies found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview and record review, the facility failed to ensure residents are able to retain and use his or her own clothes and other personal property in his or her immediate living quarters for 16 of 37 residents.

The findings included:

On at 10:18 a.m., Resident #1 said, "I just moved here from the other place and I had 6 boxes to ship to Chicago, its 2 weeks now and no one seems to know what happened and 2 long tables are missing. I've told everybody. They say they're going to see."

On / at 10:31 a.m., the Executive Director (ED) stated the movers lost a lot of resident items during the transfer. She does have a call out to them to search the warehouse and get residents things here hopefully today or tomorrow. She said she will speak with Resident #1 about the situation.

On / at 10:48 a.m., Resident #3 said, "I have had some things missing I made a list and it was given to staff. I'm missing my TV stand, 2 huge waste baskets and several other things. I did get my 7 plants back yesterday but nothing else."

On at 1:05 p.m., Resident #8 said I'm still missing my headboard.

On the ED provided a list of residents who have reported missing items which indicates the following:

Resident #2 - 3 blue jackets;

Resident #3 - waste baskets;

Resident #5 - Heating ;

Resident #6 - linens, red towel, 4 white towels with green stripes;

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Resident #8 - headboard dark wood;

Resident #10 - Toiletries - old spice deodorant, 2 Stetson cologne after shave;

Resident #14 - sewing machine base, bedding;

Resident #15 - 2 lamp shades, ALL linens, towels and sheets, TV, TV table, BR night table, green wingback chair for living , book case shelves;

Resident #16 - Sheets, blankets, green pillows;

Resident #17 - Glass piece, multiple pictures;

Resident #18 - Box of afghans with grandkids names, 2 pink cushions, 2 blankets;

Resident #19 - Mahogany framed mirror, pictures, books, 1 pair of Alia pants 12p tan;

Resident #20 - dining table;

Resident #21 - hearing , 20- inch black turbo fan;

Resident #22 - white floor lamp with flower bulb, antique book shelf with curved part that attaches.

On / at 9:10 a.m., the ED said the movers were hired for the move. All the pieces were supposed to be labeled for each individual resident with their name and the were moving to. During the process many of the labels off. The movers were supposed to pack, move and unpack, but they did not do that, in some they just left crates and in other they refused to move all the furniture in. There was insurance when the movers were hired. Corporate in Milwaukee is dealing with that. The ED stated she is working on getting things replaced. There are unlabeled items in a warehouse and she may bring it all to the facility in an empty let the residents see if any of it is theirs.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to maintain certificates of any training required

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by 58A-5.0191(12) FAC in the facility's personnel files. The documentation must include the title of the training program, the subject matter of the training program, the training program agenda, the number of hours of the training program, the trainee's name, dates of participation and location of the training program and the training provider's name, dated signature and credentials for 3 (Staff A, C, and D) of 3 staff reviewed.

The findings included:

Review of personnel files for Staff A, Staff C, and Staff D reveal certificates for 201 - Understanding the Illness. The certificates do not include the length of time for the training, a location of the training or the agenda for the training.

Review of personnel files for Staff A, Staff C, and Staff D reveal certificates for 180 minutes Pathways to Personalized Care Skills Practice, 81 minutes Control, 35 minutes the dining experience, 60 minutes Resident Rights, 65 minutes , 40 minutes first aid, 60 minutes' safety sense, 70 fire safety, 45 minutes' compliance program and you, 60 minutes , 61 minutes Elopement. All certificates lacked an instructor signature, lacked a location for the trainings and lacked a training program agenda.

On / at 12:00 p.m., the Executive Director agreed the certificates did not contain this information. She explained she did have a copy of the regulation. She said the majority of their trainings are online, however the trainings are monitored by the business office manager and she should be completing the certificates.

Class

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse for 1 (Staff B) of 40 staff.

The findings included:

Staff list provided by the facility lists Staff B as a full time resident care aide with a hire date of . When asked to provide Staff B's personnel file the Business Office Coordinator (BOC) and Executive Director (ED) stated they were unsure where it was as she had transferred there from a sister facility. When asked why Staff B was not on the AHCA employee roster the BOM said she didn't have her file and hadn't placed her on the roster. A review of the AHCA Background Screening website showed Staff B with a not eligible status since / / .

On / at 12:00 p.m., the ED said Staff B had been eligible when first hired by the corporation in 2015. The ED was unsure why she hadn't been placed on the current facility roster when transferred, however she had spoken with Staff B and Staff B had been terminated as of .

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Brookdale Phillippi Creek
5501 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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 , 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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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