STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	01/12/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **26850 SOUTH BAY DRIVE** **BONITA SPRINGS, FL 34134**	

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

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure 2 (Staff C and D) of 5 staff records reviewed, contained documentation of /

The findings included:

1. Record review revealed Staff C was employed on / as a Resident Aid. Staff did not complete / training.

2. Record review revealed Staff D was employed as a resident aid on . There was no documentation of / training.

3. On / / at 2:30 p.m., the business office manager, responsible for staff training, confirmed the lack of the appropriate training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, facility failed to ensure that 1 (Staff C) out of 5 staff had at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment.

The findings included:

On / / at 10:10 a.m., Staff C verified she did not know what a ( ) was. She verified she did not know of any yellow form in a resident yellow form with the letters on it.

Record review for Staff C found she was hired as a resident aid on / / . Further review found no documentation of Staff C's training.

On / / at 2:00 p.m., the business office manager, responsible for staff training, confirmed the lack of the appropriate training.

On / / at 1:00 p.m., the Administrator said it was an oversight and she will make sure staff will be

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educated as soon as possible.

Class III

0000 - Initial Comments

An unannounced relicensure survey with Limited Nursing Services was conducted on / / through / / at Brookdale Bonita Springs, an assisted living facility (license # 9322) in Bonita Springs, Florida.

The following is description of the deficiencies.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure a complete Resident Health Assessment for 1 (Resident #8) of 3 resident records reviewed.

The findings include:

Record review on / / revealed Resident #8's chart contained an incomplete Resident Health Assessment. The Resident Health Assessment dated / did not indicate whether or not the resident has any , 3 or 4 pressure sores. Resident was admitted to the facility on / . A physician order dated , was to admit the resident to limited nursing service for treatment of on . Physician note dated / states the , to the was now healed but to maintain skin integrity surveillance.

On / / at 2:00 p.m., the Health and Wellness Director said he was not aware the 1823 was incomplete.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review, observation and record review, the facility failed to ensure medications are delivered in a timely manner for 3 (Resident #12, #16 and #17) of 4 residents observed for medication pass.

The findings included.

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

1. During medication pass on / / it was observed Resident #12 was ordered 1 gram by mouth before meals and at bedtime (used to treat). The medication observation record indicates medication is to be given at 7:00 a.m., 11:00 a.m., 4:00 p.m. and 9:00 p.m. Medication tech, Staff B was observed assisting with self-administration at 12:55 p.m. Staff B said there are 2 med techs for the building and sometimes medications get behind schedule.

Observation of assistance with self-administration of medication on / at 10:20 a.m., resident aide, Staff F assisted Resident #16 with her self-administration of her medications.
Record review of resident's medications orders revealed the morning medications were to be given at 9:00 a.m.

Observation of assistance with self-administration of medication on / at 10:40 a.m., resident aide, Staff F assisted Resident # 17 with her self-administration of her medications. Record review of resident's medications orders revealed the morning medications were to be given at 9:00 a.m.

2. On / / at 10:20 a.m., med tech, Staff B stated, "About a month ago they decided to cut one of the med tech positions. They said it is because of low census. But the people who left are the ones that are more independent. The ones that need assistance with their medications are still here. Guess what. I have to pass meds for close to 60 residents in a two-hour frame. It's impossible. Look at me its 10:20 and I just began the 3rd floor. That whole hallway hasn't been done yet. By the time it will be done it will be 11:15 a.m. If I am lucky."

On / / at 8:00 a.m., resident aide, Staff F stated, "It all began when they decided to cut one of the med tech positions. So me and another girl have to give meds to more than 60 residents each in two hours. We never finish on time. Never. I want to do a good job. That is someone's medications. I don't want to make a mistake."

On / at 11:00 a.m., the Health and Wellness Director acknowledged the late medication issue. He said he was planning on asking the physician to change resident's times of medications from 9:00 a.m. to 8:00 a.m. in order to assure staff had more time to assist residents with their medications. Said that way the staff will have a four-hour window instead of two.

On / / at 1:00 p.m., the Administrator said she was planning on getting corporate approval in order to add additional staff so assistance with medication will take place on a timely manner.

Class III

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0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and record review, facility failed to properly store medications for residents that need assistance with their self-administration of their medication for 2 (Residents #3, #16) of 17 residents sampled.

The findings included:

1. During the course of an interview with Resident #3 on / / at 10:30 a.m., a bottle of was observed on the kitchen countertop. On / / at 10:32 a.m., Resident #3 said her daughter brought the medication in.

On / / at 2:00 p.m., the Health and Wellness Director (HWD) said he was unaware Resident #3 had over the counter (OTC) medication in her . He said when the med techs go to residents they are supposed to look to make sure no medications are there, especially when residents have been deemed as needing assistance with their medications.

Record review revealed the Agency for Health Care Administration Health Assessment Form 1823 for Resident #3 was dated . Per the 1823 the resident needed assistance with self-administration of medications.

2. Observation during assistance with self-administration of medication on / at 10:30 a.m. found Azalastine HC nasal spray on Resident #16's side table next to the resident in the living . Staff F who was present, observed the nasal spray and took it back to the medication cart. Staff F did not know how the spray got there.

On / at 11:45 a.m, the HWD said the nasal spray was prescribed as needed (PRN) medication for Resident #16. He said based on the Medication Observation Record (MOR) review the resident did not receive a PRN dosage. He said he did not know how the PRN nasal spray ended up in the resident's . He said he called the son to see if he brought it in but he did not call back.

Record review for Resident #16 found an Agency for Health Care Administration Health Assessment Form 1823 HA dated . Per the 1823 the resident needs assistance with self-administration of medications.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure 2 (Staff C and D) of 5 staff records reviewed, contain documentation of required education.

The findings included:

1. Record review revealed Staff C was employed on / as a resident aide. Staff did not complete activities of daily living (ADL) and behavioral needs training, emergency preparedness and evacuation training, and incident reporting training.

2. Record review for Staff D, was employed as a resident aide on /. Record review found no documentation of activities of daily living (ADL) and behavioral needs training, emergency preparedness and evacuation training, incident reporting training, and resident rights training.

3. On / / at 2:30 p.m., the business office manager, responsible for staff training, confirmed the lack of the appropriate training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2017 by representative(s) 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 surveyor(s). 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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