

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964069	(X3) DATE SURVEY COMPLETED R 01/31/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE MANDARIN	STREET ADDRESS, CITY, STATE, ZIP CODE 10790 OLD ST RD JACKSONVILLE, FL 32257	

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

0000 Initial Comments

A follow-up visit to complaint investigation, CCR #2016008100 and CCR #2016009473, was conducted at Brookdale Mandarin Assisted Living Facility (License #8789) on , 2017. Brookdale Mandarin Assisted Living Facility had one deficiency uncorrected at the time of the follow-up visit.

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an accurate Employee Roster with the agency's background Screening Clearinghouse, as evidenced by errors for 5 of 12 employees randomly selected for sample.

The findings include:

During a review of the facility's roster on // // , it was observed that Employees A, B, C, D, and E were listed on the list of current employees provided by the Administrator, but not on the Employee Roster on the agency's clearinghouse.

The staff member responsible for the upkeep of the roster was called at 1:05 PM on // // and he stated he had updated the roster.

In reviewing the roster at 1:45 PM with the Administrator on 01/ // , she confirmed that Employees A, B, C, D, and E were not on the roster. She and the Resident Care Director confirmed that all 5 employees were current employees and scheduled to be working and should have been on the roster. Review of their Employee files showed they were currently employed at the facility.

The facility was previously out of compliance on // // related to not updating the Employee Roster.

Unclassified



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Brookdale Mandarin
10790 Old St.
Jacksonville, FL 32257

Re: CCR #2016008100 and CCR #2016009473

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2017.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AW/sm
Enclosure

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