| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967857** | **02/02/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BRENTWOOD SENIOR LIVING COMMUNITY** | **6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707** |

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

**0000 - Initial Comments**

Assisted Living Facility

On , 2017, a change of ownership (CHOW) state licensure survey with extended congregate care (ECC) services was conducted at Brentwood Senior Living Community, (lic# 11812), assisted living facility. Deficient practice was identified at the time of the visit.

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on record review and interview, the facility failed to produce documentation showing 1 ( staff B ) of 3 direct care staff had received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Findings included:

Record review on of the personnel file for staff B revealed she was hired on and there was documentation in her file showing she had received 1 hour of in-service training on regarding another facility's policies and procedures for resident elopement response. She had not received any in-service training regarding this facility's resident elopement response policies and procedures within thirty (30) days of employment.

When interviewed on at 1:40 p.m., the acting administrator verified there was no documentation in staff B's personnel file showing she had completed the in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. She also verified that the only documentation regarding the resident elopement response policies and procedures was from another facility.

Class III

**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on record review and interview, the facility failed to provide 4 hours of initial and Related (ADRD) training to 2 (staff A and Staff C) of 3 direct care staff who who have

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| **BRENTWOOD SENIOR LIVING COMMUNITY** | **6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707** |

SUMMARY STATEMENT OF DEFICIENCIES
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regular contact with or provide direct care to residents with ADRD within 3 months of employment.

Findings included:

Record review on of the personal file for direct care staff A revealed she was hired on and she worked the evening shift (2p-10p )in the memory care unit. The only documentation found in her file was a certificate which stated she had completed a 2 hour and Related course on . She needed to have 4 hours of initial 's and Related (ADRD) training within 30 days of employment.

Record review on of the personal file for direct care staff C revealed she was hired on and she worked the night shift (10p-6a )in the memory care unit. The was no documentation found in her file which stated she had received the 4 hours of initial 's and Related (ADRD) training within 30 days of employment.

When interviewed on at 1:50 p.m., the acting administrator verified there was no documentation in staff A and staff C's personnel files showing they had completed the 4 hour initial training for and Related within 30 days of employment.

Class III

**E206 - ECC - Service Plans - 58A-5.030(7) FAC**

Based on records review and interviews, the facility failed to provide an extended congregate care (ECC) Service Plan for one (#4) of one resident reviewed for service plans.

Findings included:

A CHOW Provisional License with ECC survey conducted at 09:30am on at the facility. The facility's ECC census was one ECC Resident (#4). A review of the facility's ECC Binder conducted at 09:30am on revealed that no quarterly Service Plan update completed for due date , 10, 2017. In addition, there was no indication that the Resident or Resident's designee were involved in the Service Plan as the Resident's or Resident designee's signatures were missing on the Service Plans

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| | **AL11967857** | **02/02/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BRENTWOOD SENIOR LIVING COMMUNITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6280 CENTRAL AVE, STE 312**<br>**SAINT PETERSBURG, FL 33707** | |

SUMMARY STATEMENT OF DEFICIENCIES
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dated and .

An interview with the ECC Supervisor conducted at 9:45am on revealed that being new at the job of ECC Supervisor, there was no awareness that the facility's ECC services not provided as per the regulation. The ECC Supervisor was not aware of the protocol of having a Service Plan meeting on a quarterly basis conducted by a Registered Nurse; and, to include the Resident or Resident's designee.

A review of ECC Resident #4's record was conducted at 10:00am on and revealed that there was no copy of an updated quarterly ECC Service Plan in the Resident's records.

An interview with Resident #4 conducted at 2:00pm on Resident #4 stated "It (the therapeutic lymphedema boots) used to be three times a day, but they have cut it back to just once a day now. I think it is ridiculous to pay $700 extra per month for the nurse to help me with this. The cost of the machine itself is ridiculous. I don't like that they have it scheduled for six in the morning but I just go with it."

Class III