STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	R 07/05/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE JENSEN BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 NE INDIAN RIVER DRIVE** **JENSEN BEACH, FL 34957**	

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

0000 - Initial Comments

An unannounced revisit to the complaint survey CCR# 2018000870, was conducted on at Brookdale Jensen Beach, License # 9294. The facility had an uncorrected deficiency at the time of the visit.

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation, interview, and record review it was determined the facility failed to offer supervision or assistance with the activities of daily living, specifically with eating, as needed by each resident for 2 of 3 sampled residents (Resident #1 & Resident #2).

The findings include:

Upon arrival to the Memory Care Unit, on beginning at 10:00 AM, there were 3 residents in the dining their breakfast meal (consisting of scrambled eggs; pancakes; and bacon) sitting in front of them. Resident #3 was feeding herself. Resident #1 and Resident #2 were not attempting to feed themselves.

1) Observation of Resident #1, conducted on beginning at approximately 10:25 AM, she was still sitting at the dining with a plate of untouched food. Staff A instructed Staff B to assist Resident #1 with her breakfast meal. Resident #1 was then fed by Staff B and she consumed approximately 80% of her breakfast meal.

During interview and review of Resident #1's weight record conducted with the ED (Executive Director) and HWD (Health and Wellness Director), on beginning at approximately 12:50 PM, revealed the following:
a. , 2018 weight noted as 154.4 lbs
b. , 2018 weight noted as 152.6 lbs
c. 2018 weight noted as 168.6 lbs
d. , 2018 weight noted as 157.8 lbs
e. , 2018 weight noted as 158.6 lbs
f. 2018 weight noted as 157.6
The ED and HWD acknowledged this documentation reflected an 11 pound weight loss from 2018 through 2018. The HWD stated this must have been a documentation (data entry) error.

2) Observation of Resident #2, conducted on beginning at approximately 10:30 AM, she

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was still sitting at the dining with a plate of untouched food in front of her. Staff C approached this resident and started to feed this resident her breakfast (while standing over this resident). Resident #2 consumed approximately 50% of her meal before refusing to eat anymore.

During interview conducted with the ED, on beginning at approximately 11:00 AM, she was informed of the above noted meal observations for Resident #1 and Resident #2 not receiving assistance with breakfast meal in a timely manner. The ED was reminded this was the exact same scenario that the facility was cited for during the complaint inspection. She acknowledged that this was not an acceptable practice.

3) During observation of the hydration stations in the Memory Care Unit conducted with the ED, on beginning at approximately 10:20 AM, the hydration station (located in the dining) contained a large ice water dispenser with a spigot and several 4 oz thin plastic cups. There was also several flavors of juice available at this hydration station. However, there was a large thermos with a push button spigot that contained coffee. There were no insulated cups for use with the coffee (only the thin 4 oz plastic cups utilized for water or juice). It was also noted that there was no sugar available for use with the coffee. During subsequent interview conducted with the ED, on beginning at approximately 12:45 PM, she stated the night shift is to replenish the sugar for the hydration station in Memory Care.

Class III