STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	**05/14/2019**
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 Relicensure survey was conducted on and at Brookdale Jensen Beach, License #9294. The facility had deficiencies at the time of the visit.
Complaint #2019002204 and Revisit to Complaint #2019001167 was conducted at the same time as the Relicensure survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, interview, and observation, the facility failed to ensure that all residents was reassessed for continued residency after a significant change in health status and that each resident obtained a new Agency for Health Care Administration Health Assessment (AHCA Form 1823) that is current and reflective of the residents care needs, for 2 of 5 sampled residents (Resident #1, and Resident #11).

The findings included:

1) Review of the file for Resident #1 on revealed that the resident receives at "Confidential Center" on Tuesday, Thursday, and Saturday and that on a physician's diet order was written for a regular diet. Review of the Resident Health Assessment (AHCA form 1823) dated for revealed that the resident requires a low fat/low diet. Review of the initial AHCA 1823 form dated for revealed that the resident requires a no added salt diet. No consistent information was observed stating what kind of diet the resident is currently on.

Observations of Resident #1 at lunch on revealed that the resident was given a meal that consisted of a regular diet additional to everyone else in the memory care unit. Review of the AHCA form 1823 dated for revealed that the form was left blank for physical or sensory limitations, or behavioral status, Nursing treatment/ service requirements and special precautions. The physician's contact information and the kind of assistance required for medications were left blank on the form.

During an interview with Staff A on at 11:47 AM it was stated that Resident #1 goes to three times a week, Tuesday, Thursday, and Saturday. Before she goes she has breakfast and gets her medications, and we send her with lunch.

During an interview with the Administrator and the Resident Care Coordinator (RCC) on between the times of 3:00 PM and 4:00 PM, the findings were discussed and acknowledged, no further

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information was provided for review.

2) On at approximately 12:00 PM, a resident record review was completed for Resident# 11 and revealed a AHCA Form 1823 dated: . Page 4 of the AHCA Form 1823 that documents the medication and level of assistance needed, the form documented Resident# 11 does not need help with taking his medications. The boxes that document what type of assistance is needed for medication is blank.

On at 11:30 AM, during an interview with Resident#11, he state the facility assist him with self Administration of medications. On at approximately 3:30 PM, during an interview with the Director of Nursing (DON), she confirmed the resident receives assistance with self-administration of medications, per the families request.

On 05/142019 at approximately 3:40 PM, during a meeting with the Administrator and the DON, they acknowledged the findings and provided no additional documentation for review.
3) On at approximately 12:00 PM, a resident record review was completed for Resident# 11 and revealed a AHCA Form 1823 dated: . Page 4 of the AHCA Form 1823 that documents the medication and level of assistance needed, the form documented Resident# 11 does not need help with taking his medications. The boxes that document what type of assistance is needed for medication is blank.

On at 11:30 AM, during an interview with Resident#11, he state the facility assist him with self Administration of medications. On 0514.2019 at approximately 3:30 PM, during a interview with the Director of Nursing (DON), she confirmed the resident receives assistance with self-administration of medications, per the families request.

On 05/142019 at approximately 3:40 PM, during a meeting with the Administrator and the DON, they acknowledged the findings and provided no additional documentation for review.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 direct care staff completed 4 hours of continuing education training annually as required under section 429.178 F.S. (Staff B and Staff C).

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The findings included:

Per regulation,direct care staff shall participate in 4 hours of continuing education annually, and upon completion of the 's and Related continuing education training, the trainee must be issued a certificate by the approved training provider. The certificate must include the trainee's name, the title of the approved ADRD training, the curriculum approval number, the number of hours of training received, the date and location of the course, the training provider's name and approval number, and dated signature.

Staff B is a direct care staff member who was hired on . She completed the 4-hour ADRD Level I Training on and the 4-hour ADRD Level II Training on . There was no Training Certificates from an approved Trainer showing completion of 4 hours of ADRD continuing education for 2012, 2013, or 2014. There was documentation showing completion of 4 hours of approved continuing education completed on , but no further documentation showing completion of approved 4 hrs of ADRD continuing education completed in 2016, 2017, 2018, or 2019.

Staff C is a direct care staff member who was hired on . She completed the 4-hour ADRD Level I Training on and the 4-hour ADRD Level II Training on . There was no Training Certificates from an approved Trainer showing completion of 4 hours of ADRD continuing education for 2013, 2014 or 2015. There was documentation showing completion of 4 hours of approved continuing education completed on , but no further documentation showing completion of approved 4 hrs of ADRD continuing education completed in 2017, 2018. or 2019.

On at approximately 2:00 PM, the Human Resource Director was informed of the missing training documentation and asked to provide any further documentation showing Staff B and Staff C had obtained the required annual training from an approved trainer. No further documentation was provided at the time of the survey.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on employee record review and staff interview, the facility failed to ensure the Food Designee had completed the required 2 hour Food and Nutrition Training before assuming responsibility for the facility's food service.

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The findings included:

On , an employee record review for the facility's Dining Services Director/Food Designee (hire date) was conducted. At this time, no 2-hour Food and Nutrition Training certificate was found within the employee's file. The only food service training received by the Food Designee was the ServSafe Food Protection Manager Certification, which had been completed on .

On at approximately 1:00 AM, the Human Resource Manager was informed of the missing documentation showing the Food Designee had completed the required 2 hour Food and Nutrition training. It was explained to the Human Resource Director that ServSafe certification was not acceptable in lieu of the required 2 hour Food and Nutrition Training. No further documentation was provided during the survey to show the Food Designee had completed the required training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to prepare and serve a therapeutic diet as ordered by the health care provider, for 3 of 5 sampled residents (Resident #1, Resident #4 and Resident #5).

The findings included:

Observations of the kitchenette area in the Memory Care Unit (MCU) on revealed that dietary restrictions and therapeutic diets of residents are put on the board with a photo of them for staff to identify when preparing and serving meals that are brought up to the unit in pans from the kitchen downstairs.

Observations of breakfast in the MCU on revealed French toast, eggs, sausage, and a beverage choice of coffee and orange juice.

Observations of lunch in the MCU on revealed that Chicken Alfredo was served with a side of cooked tomatoes and the secondary option was white rice with mixed vegetables, and fish. Observations of the juice served, Orange and Grape revealed no sugar free alternatives other than water.

During an interview with the Resident Care Coordinator (RCC) who was preparing and serving the food on plates to go out to the residents for lunch stated at 12:20 PM on that the residents

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receiving Controlled Diets (CCHO) received special sugar free deserts and that's the only thing they get differently. It was stated that for carbs instead of giving them the full portion, I will only give them 1 scoop which is half. When asking is there a menu with portion sizes or special spoons so that you know how much to serve? The RCC shook her right and left and stated "No." When asked about breakfast and sugar free condiments offered (sugar free syrup etc.) it was stated that if I know that they are then I was told not to give them any syrup at all. When asked do the facility have sugar free syrup? It was stated "no."

Observations of medication observation with Staff A revealed that Resident #6 had a level reading of 284 between the time of 11:00 AM and 12:00 PM on . Staff A stated that its high and I will have to give you a shot of the , but then again you did have the syrup this morning on your french toast. During an interview with Staff A at 12:00 PM on regarding the syrup on the resident's French toast, as Resident #6 is a resident that requires a CCHO diet, it was stated that they don't give sugar free syrup here. Everyone gets regular. It was stated if I am around and catch it in time I will try and give it to her without the syrup but in a case like this morning, there was nothing I could do.

Review of the menu posted on the wall (not signed by the dietician) revealed the following was to be served on for lunch:

White Bean Soup with Tarragon
Alice's chicken salad- chicken tossed with cantaloupe, grapes, almonds in a light yogurt
Macaroni and Cheese with Ham- macaroni baked with ham and a blend of three cheeses

Accompaniments:
Beet salad (only the beets observed, no additional ingredients for MCU residents)
Buttered corn

Dessert:
Vanilla frosted Sponge Cake
Fresh fruit cup
No sugar added butterscotch chocolate chip brownies (only sugar free ice cream served to MCU residents).

Interview with the Dietary Manager on between the times of 11:00 AM and 1:00 PM, it was revealed that the residents that are to receive the CCHO diet is to receive a smaller portion (3 oz. scoop)

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of per meal. Every day they should come down (the staff) to get the sugar free syrup. should get 1 slice of french toast and double scoops of protein. Observations of dining for lunch in the Assisted Living dining room revealed that residents are getting the correct portion sizes of food during meals and the memory care is receiving an estimated amount. Sugar free drinks are not being offered to MCU residents.

During an interview on at 1:08 PM, with Staff G, regarding how the menu is served to a resident on a or controlled diet (CCHO) the following was revealed. Staff G stated, "It depends on what they want. If they want the macaroni and cheese, the Resident Care Coordinator tell us to give them the smaller portion, today, we gave them vegetables to make up for the smaller portion of macaroni and cheese. We had oatmeal for the CCHO with bananas, we give them eggs and breakfast meats (bacon and sausage).

When Staff G was asked about sugar free options for condiments (syrups), snacks, juices and desserts, it was stated, "They send the sugar free stuff every day, three times a day. We don't have any of the juices right now, we ran out."Staff G showed this surveyor that there were cups of sugar-free vanilla ice cream in the freezer and a container of orange juice that was not observed to be sugar-free and further stated, "we always have juices and snacks for the residents and there is always a sugar-free option on the menu for dessert."

A review of the lunch menu showed that the choices of dessert on the menu for lunch included, vanilla frosted sponge cake, fresh fruit cup or no sugar added butterscotch chocolate chip brownie. None of the sugar-free meal items listed on the menu were provided or offered to the residents residing in the MCU.

During an interview with the Administrator and the RCC on between the times of 3:00 PM and 4:00 PM, the findings were discussed and acknowledged, no further information was provided for review during this time.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility record review and staff interview, the facility failed to submit for review and approval to the local emergency management agency the CEMP (Comprehensive Emergency Management Plan) on an annual basis prior to prior the expiration of the prior approved CEMP.

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The findings included:

On . . . . . , the facility provided the current approval letter from the local emergency management agency for their CEMP. The approval letter was dated and stated the CEMP approval expired on . . . . . .

On . . . . . at approximately 11:00 AM, the Administrator stated that the current CEMP had not yet been submitted for review to the local emergency management office. On , the Administrator and Health & Wellness Director acknowledged the current CEMP approval had expired.

Class III