STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**05/16/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8220 JOG ROAD** **BOYNTON BEACH, FL 33437**	

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

0000 - Initial Comments

A Re-licensure Survey was conducted at Brookdale West Boynton Beach on . . . . . The facility had deficiencies at the time of the visit.

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

Based on observations, interviews, and record reviews, the facility failed to ensure that all Residents had a Resident Health Assessment (AHCA form 1823) accurate and reflective of all significant changes for 1 of 3 residents sampled for hospice services (Resident #1).

The findings included:

Review of the progress notes for Resident #1 revealed that on the resident was observed to have trouble swallowing and that on . . . . Hospice was contacted and the resident's diet was changes to pureed with nectar thick liquids. Review of theHospice documentation dated for revealed that the resident is on . . , . . . precautions due to . , ...

Review of the Resident Health Assessment (AHCA form 1823) dated for . . . . . revealed no documentation listed under special precautions or any other sections listed stating that the resident is on . . , . . . precautions. further review of the 1823 form revealed that the resident requires assistance with self-administration of medications. Observations of Resident #1 eating on during lunch revealed that Resident #1 had her meals fed to her.

The information provided on the 1823 form is inconsistent and inaccurate with the diagnosis listed in the Hospice file, not listing significant changes with the resident and not reflective of Resident #1's current care needs. During an interview with the Executive Director and the Health and Wellness Director on at 4:43 PM, the findings were discussed and acknowledged, no further information was provided for review.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview, the facility failed to ensure that all residents received their medications in a timely manner and that all licensed staff that assist with self-administration

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medications follow physician orders for 4 of 5 sampled Residents (Resident #2, Resident #4, Resident #5 and Resident #08).

The findings included:

While observing medication pass on between the times of 9:30 AM and 12:30 PM for morning medications the following was observed:

1) Resident #2- received the following 8:00 AM medications between the times of 10:00 AM and 12:00 PM:
a) 2.5 mg tablet- Give 1 tablet by one time a day.
b) 20 mg tablet delayed release- Give 1 tablet one time a day.
c) Rosuvastatin 20 mg tablet- Give 1 tab by one time a day.

2) Resident #4- received the following 8:00 AM medications between the times of 10:00 AM and 12:00 PM:
a) Asorobic tablet 500 mg. Take 1 tablet by one time a day.
b) 81 mg tablet- Take one tablet one time day
c) 10 mg tablet. Give 1 tablet by one time daily.
d) Famptide 20 mg tablet. Take 1 tablet by on time a day.
e) 100 mg Capsule- Take 2 capsules by twice daily.
f) 20 mg tablet- Take 1 tablet by once daily.
g) tab 5 mg.

3) Resident #5- received the following 8:00 AM medications between the times of 10:00 AM and 12:00 PM:
a) Ensure- Drink one bottle by three times a day.
b) Powder- Take 17 grams by one time a day.
c) Lotrisone cream- Apply to lower right for in the morning.
d) C- Take one tablet one time a day.
e) - Take one tablet one time a day.

4) Resident #08- received the following 8:00 AM medications between the times of 10:00 AM and 12:00

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PM:
a) Ensure- drink one bottle by ..... three times a day.
b) .. , - 500 mg tablet. Take one tablet by . once daily
c) ..... DS tablet 800-160 Give 1 tablet by ... two times a day.
d) Isorbide MN Extended Release tablet- give 30 mg by once daily *Do Not Crush*
e) ..... 25 mcg tablet. Give 1 tablet by ... one time daily.
f) , tablet 0.5 mg. Give 1 tablet by two times a day
g) ..... 30 mg tablet. Give 1 tablet by .... one time daily
h) Probiotic tablet- Give 1 tablet by one time daily.

During an interview with Staff D on ..... at 12:00 PM regarding how often medications are late, it was stated it is always like this but they are really late this morning because I was late getting here this morning. It was further stated that when running late no one else assist with passing out medications. The Executive Director and Health and Wellness Director was informed, no additional information was provided for review.

While observing medication pass with Staff D on between the times of 9:30 AM and 12:30 PM for morning medications the following was observed. Staff D reviewed the Medication Observation Record (MOR), signed the electronic MOR, and took the medication from the cart. Staff D than reviewed the medication label, took the medication from the package and put the pill in the pill crushing slip. Staff D than put the pills inside the slip into the pill crusher, put the medication packages ... in the med cart, took the crushed pills mixed with applesauce to Resident #8, than fed the medication to the resident.

Additional review of the MOR on during the medication pass revealed that Resident #8 had an order for Isorbide MN Extended Release tablet that stated Do Not Crush. Additionally, Staff D signed the electronic MOR for the resident prior to administering the medication.

During an interview with the Executive Director and the Health and Wellness Director on at 4:34 PM, the findings were discussed and acknowledged, no further information was provided for review.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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Based on record review and interview, the facility failed to ensure all staff received a yearly statement from a licensed professional documenting freedom of communicable to include , for 1 of 4 sampled staff (Staff D).

The Findings Included:

On at approximately 1:40PM, a employee record review was conducted for staff D whose hire date . Staff D's last communicable statement was dated . Further review revealed no statement for 2018 or 2019. At this time, the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 4:30PM, they acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff received the required in-service training's within 30 days of hire for 2 of 4 sampled staff (Staff B and Staff C).

The Findings Included:

On at approximately 1:30PM, a employee record review was conducted for Staff B-Med Tech, whose hire date was and Staff C-HHA whose hire date was . Both staff member was missing the following 30 day training's:

1) Report Major Incidents and Adverse Incidents
2) Emergency Procedures
3) Resident Rights
4)Reconizing and Reporting Neglect and Exloitation. At this time, the facility was provided an opportunity to locate the documentation.

On at approximately 4:15PM, during a interview with the Administrator, she acknowledged the findings and provided no additional documentation for review.

Class III

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0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure all staff received one hour of / training within 30-days of hire, for 2 of 4 sampled staff (Staff B and Staff C).

The Findings Included:

On at approximately 1:35PM, a employee record review was conducted for Staff B whose hire date was and Staff C whose hire date was , didn't receive the required / in-service within 30 days of hire. At this time the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 1:45PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff received Do No Recucitate Order ( ) training within 30 Day of hire for 2 of 4 sampled staff (Staff C and Staff D)

The Findings Included:

On at approximately 1:30PM, a employee record reviews were conducted for Staff C whose hire date was and Staff D whose hire date was . Further review revealed Staff C and Staff D had no certificate of completion for 1 hour of training. At this time the facility was provide an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 4:40PM, she acknowledged the findings and provided no additional documentation for review.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that all staff were registered in the

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Agency for Health Care Administration (AHCA) clearinghouse within 10 days of hire for 2 of 4 sampled staff (Staff A and Staff D).

The Findings Included:

On . . . . . at approximately 10:30AM, the facility AHCA clearinghouse roster was reviewed and revealed Staff A whose hire date was , was not registered in the clearinghouse. Further review revealed Staff D whose hire date was . . . . . , was not registered in the clearinghouse.

On . . . . . at approximately 4:15PM, a interview was conducted with the Administrator and she acknowledged the findings.

Unclassified