Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967587	A. BUILDING: _____ B. WING _____	10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENNITY AT MELBOURNE (THE)	7365 ORCHESTRA LN MELBOURNE, FL 32940

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ821 SS=C	59A-35.110 FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under chapter 408, part II, F.S., or authorizing statutes for the provider type as specified in section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections; and, (f) Approval of revisions to emergency management plans. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

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CZ821	Continued From page 1 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted	CZ821		

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CZ821	Continued From page 2 electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on records review and interview the facility failed to submit adverse reports when law enforcement was contacted to report missing money for 3 residents. Findings: The facility's grievance log indicated that on : a resident reported that there was approximately $100.00 missing from wallet.	CZ821		

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CZ821	Continued From page 3 another resident reported that she was also missing $100.00 from apartment. another resident reported she was missing $100.00 from purse. The grievance log indicated the local Sheriff's office was contacted. On resident #6 yelled for help complained of left , , , 911 was called and resident was transferred to ER. The Agency closed the report as additional information was not received. The Executive Director said on at 4 PM that he did not submit adverse reports; he did not know they were needed. Unclassified	CZ821		
A 000	Initial Comments Complaint investigations #2019010498, #2019014484, #2019014567 and #2019015144 were conducted on . The Brennity at Melbourne had deficiencies were identified at the time of surveys.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and	A 010		

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A 010	Continued From page 4 preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form	A 010		

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A 010	Continued From page 5 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file.	A 010		

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A 010	Continued From page 6 (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that as part of the continued residency criteria, 1 of 7 residents (#6) had a [redacted]-to-[redacted] medical examination by a health care provider after he was admitted to hospice, which was a significant change. Findings: Resident record review for resident #6 revealed a health assessment report 1823 dated [redacted] that listed high [redacted], and [redacted]. Doctor visit note dated [redacted] indicated the resident was on hospice. The interdisciplinary plan was dated [redacted] and indicated an admission dated of [redacted]. The review revealed no evidence to confirm that an updated health assessment 1823 when admitted to hospice.	A 010		

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A 010	Continued From page 7 In an interview with the administrator on [redacted] at 2 PM who said she had just started to work at the facility and was unable to locate any additional information. Class III	A 010		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the	A 025		

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A 025	Continued From page 8 resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to ensure medications were provided as ordered for 6 of 6 records sampled. (#1, 2, 3, 4, 5, and 8) Findings: 1. Review of the record for resident #1 revealed a health assessment dated [redacted] which documented diagnoses including: [redacted] leukoencelopathy, [redacted], and [redacted]. Review of the Medication Observation Record (MOR) for resident #1 revealed the prescribed [redacted] ER 20 meq was not given on [redacted] & [redacted]. Notes on the [redacted] documented it was not available on [redacted] & [redacted]. There were no notes for [redacted] or [redacted]. On [redacted] & [redacted] the note showed "caregiver will reorder." On [redacted] & [redacted] was document as not being available. Noted on the [redacted] of the MOR was "not	A 025		

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A 025	Continued From page 9 given- reordered." The Singulair 10 mg order was shown as being written on . The MOR was blank for , , , . There were no notes to document if it was given or why it was not given. 2. Review of the record for resident #4 revealed a health assessment dated which documented diagnoses including , , , and , . Review of the medication observation record (MOR) for resident #4 for the months of , and revealed the following: on the 9 PM dose of was circled. The note on the of the MOR showed "signed in error, not given." There was no reason documented as to why it was not given. On the 10 AM dose of was refused by the resident. But the 4 PM dose of was not given, and the note on the documented "awaiting pharmacy." On & the MOR documented the prescribed , was "unavailable." There was no reason noted. 3. Review of the record for resident #8 revealed she was admitted to the facility on . A health assessment was reviewed dated which documented diagnoses including 's , , . Review of the MOR for resident #8 revealed , 100 mcg was not documented as given at 7:30 AM on . There was no note on the of the MOR to indicate why it was not given. At 6 PM on , and the following 3 medications were not documented as being given: 10 mg, Carb/Levo ER 50-200 mg, and , -low 81 mg. The of the MOR did not contain any documentation for these medications not being given for 3 days.	A 025		

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A 025	Continued From page 10 4. Resident #3 had a health assessment report 1823 dated that listed mild , fatty . He needed assistance with self-administration of medications. The Medication Observation Record (MOR) listed 0.4 mg daily and had staff initials circled from to . The page of the MOR indicated the medication was not given /not available. 100 mg had staff initials circled from to . The page of the MOR did not explain the reason for the missed dosages . The review revealed no evidence to confirm what measures were taken to ensure the resident had all medication readily available to be taken as ordered by the health care provider. 5. Resident #2 had a health assessment report 1823 dated that listed diagnoses of and and moderate . She needed assistance with self-administration of medications. The MOR listed 5 mg one daily and had staff initials circled from to . The page of the MOR indicated awaiting refill. 20 mg daily was blank on , , , and 9/ 9. There were no written notations that indicated why was the medication not given or why it was not available. 6. Resident #5 had a health assessment report AHCA form 1823 dated that listed short term memory loss , poor balance, abnormal gait. She needed assistance with self- administration of medications. The , MOR daily listed	A 025		

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A 025	Continued From page 11 Linzees 145 mg and had staff initials circled from , , /, , and . The page of the MOR indicated the medication was not available , was not given. 10 mg at bedtime had staff initials circled from to , the page of the MOR indicated that the on was not available , not given. The MOR Linzees 145 mg daily and indicated hold until further notice. Physician Order Sheet (POS) dated indicated to hold until further notice. Note dated indicated was ordered on and had yet to be delivered. The pharmacy said they send authorization to doctor on and had not received a response. The Advanced Registered Nurse Practitioner (ARNP) was called and explained what was need for resident to get the medication. Note dated indicated received a hold order for as pharmacy has still not delivered due to prior authorization needed from provider, messaged ARNP to alert of the above which is when the hold order was received. ARNP stated she will be following up with the pharmacy regarding the medication. The review revealed no evidence to confirm the medication had been put on hold on as indicated on the MOR . The only order available for review that indicated to hold was the POS dated . No further documentation was available. On at 2:05 PM the new Nursing Director confirmed the blanks in the MOR for the above residents and was unable to offer any explanations.	A 025		

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A 025	Continued From page 12 Class III	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided	A 030		

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A 030	Continued From page 13 pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. [redacted] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident [redacted], neglect, and [redacted]; 6. Administrative and housekeeping schedules and requirements; 7. [redacted] control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident	A 030		

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	AL11967587	A. BUILDING: _____ B. WING _____	10/23/2019

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A 030	Continued From page 14 chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 15 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good	A 030		

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A 030	Continued From page 16 cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . . , Rights	A 030		

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A 030	Continued From page 17 Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on Resident Council Meeting Minutes and interviews, the facility failed to honor resident rights and did not respond to or address any of the concerns voiced by residents. Findings: Request to review the Resident Council Meeting minutes revealed only the months of [illegible] and [illegible] were available. The notes from each month were [illegible]-written. They included a list of residents in attendance. There was a section for "Old Business" which was blank for both the [illegible] and [illegible] meetings. The "New	A 030		

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A 030	Continued From page 18 Business" section had several entries in topics of medications (privacy & missed meds), activities (trips), and food. None of the entries had anything written under the "Response" columns. The , meeting only had one entry in New Business regarding medications during meals (privacy). There was a -written "Response" for this entry which read "(one of the nurses) will talk to the CNA's and nurses about meds." On at 3:10PM, the Administrator stated the Activity Director facilitates the Resident Council meetings. He confirmed there were no responses on the minutes. He stated he was not informed of the discussion topics by the person who led the meetings. He said he would attend when invited and hadn't been invited so far. Class III	A 030		