

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964615</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/01/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE BROADMOOR ALF**

**200 DIXIELAND DRIVE  
FORT PIERCE, FL 34982**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An Control special survey was conducted on , and through at The Broadmoor ALF. The facility had deficiencies identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000               |                                                                                                                          |                          |
| A 030<br>SS=G            | 59A-36.007(6) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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 59A-36.006, F.A.C.<br>(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.<br>(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. | A 030               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE BROADMOOR ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 DIXIELAND DRIVE<br/>FORT PIERCE, FL 34982</b> |                                                                                                                          |                                                        |
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| A 030                                                        | Continued From page 1<br><br>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:<br>1. Resident responsibilities;<br>2.       and tobacco use;<br>3. Medication storage;<br>4. Resident elopement;<br>5. Reporting resident       , neglect, and<br>;<br>6. Administrative and housekeeping schedules and requirements;<br>7.       control, sanitation, and universal precautions; and,<br>8. The requirements for coordinating the delivery of services to residents by third party providers.<br>(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.<br>(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.<br>(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical | A 030                                                                                         |                                                                                                                          |                                                        |

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| A 030                    | <p>Continued From page 2</p> <p>by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . .</p> <p>429.28 Resident bill of rights.-</p> <p>(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:</p> <p>(a) Live in a safe and decent living environment, free from . . . . . and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(f) Manage his or her financial affairs unless the</p> | A 030               |                                                                                                                          |                          |

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| A 030                                                        | Continued From page 3<br><br>resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(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.<br>(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.<br>(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.<br>(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 030                                                                                         |                                                                                                                          |                                                        |

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| A 030                                                        | <p>Continued From page 4</p> <p>a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.</p> <p>(1) 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.</p> <p>(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</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                    | <p>Continued From page 5</p> <p>Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(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 . . . . or . . . . under state law, managing his or her own affairs.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, observations and interview, the facility failed to safeguard the residents' safety and well being by failing to implement current . . . . control standards related to the Coronavirus (COVID-19) recommendations established by Centers for Control and Prevention (CDC) and the Department of Health.</p> <p>The findings included:</p> <p>Review of the facility's written policy and procedures dated . . . . regarding, "The</p> | A 030               |                                                                                                                          |                          |

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| A 030                                                        | <p>Continued From page 6</p> <p>Broadmoor is taking all reasonable measures to protect the safety of our residents, families and employees" included "We are following all guidelines recommended for the cleanliness in the building. These areas to include resident room are cleaned frequently with _____."</p> <p>The facility's written "Protocol for COVID-19", in the section titled, "Prevent the spread of _____, germs WITHIN our facility", included, "Bleach and disposable mops and wipes have to be used for the areas _____ by a person with symptoms or who is tested positive."</p> <p>During an _____ control special survey conducted on _____, between 12:00 PM and 3:45 PM, multiple observations of the Garden Park unit (for residents who tested positive for COVID19) were made. In interviews conducted during that time, _____ nursing staff provided the following information related to control practices conducted by facility staff. The facility Housekeeper was seen cleaning in the unit only two times in the past two weeks; no other facility staff have been seen cleaning the unit. No adequate cleaning supplies were made available on the unit. Guidance from the Center Control related to "Cleaning and _____ Your Facility" includes cleaning (with soap and water) and _____ (with EPA-registered household _____) "high touch surfaces" (including tables, doorknobs, light switches, countertops, handles, toilets, faucets, sinks, etc.).</p> <p>In an interview conducted on _____ at 1:54 PM, the facility's Housekeeper provided the following information. She works Sunday through Thursday and cleans and _____ all high touch surfaces and floors daily with Peroxy ( _____ based cleaner) and Consume Eco-lyzer (quaternary based _____). She stated she</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                    | <p>Continued From page 7</p> <p>was instructed to not enter the Garden Park (COVID19) unit. In an interview conducted on ..... at 2:33 PM, the facility's Administrator stated the unit was deep-cleaned on ..... and ..... (9 days prior to the survey). In an interview conducted on ..... at 2:42 PM, the facility's Maintenance Director stated the Housekeeper should be cleaning the Garden Park unit on a daily basis prior to going home for the day. He further stated he cleans the unit on the days the Housekeeper is not scheduled.</p> <p>Also during the survey conducted on ....., multiple observations of the Rosewood unit (for ..... residents) revealed large sitting chairs and couches placed in front of the openings to many of the resident doors (photographic evidence obtained). Placement of furniture in this manner created potential ..... hazards for the ..... residents. In interviews during the times of some of the observations, the facility's Administrator stated the furniture was placed in that manner in order to remind the ..... residents that they were supposed to stay in their rooms. She stated the residents could push the furniture to the side if they were intent on leaving their rooms. Further observations were made of facility staff members redirecting residents who left their rooms to go ..... to their rooms, and maneuvering the furniture ..... in place in front of the resident room doorways. In an interview conducted on ..... at 4:24 PM, the concern related to resident safety was re-iterated to and acknowledged by the Administrator.</p> <p>Class II</p> | A 030               |                                                                                                                          |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964615</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/01/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE BROADMOOR ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 DIXIELAND DRIVE<br/>FORT PIERCE, FL 34982</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 152<br><br>A 152<br>SS=D                                   | Continued From page 8<br><br>59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural,<br>mechanical, electrical and structural systems,<br>and appurtenances are maintained in good<br>working order.<br>(b) Pursuant to section 429.27, F.S., residents<br>must be given the option of using their own<br>belongings as space permits. When the facility<br>supplies the furnishings, each resident bedroom<br>or sleeping area must have at least the following<br>furnishings:<br>1. A clean, comfortable bed with a mattress no<br>less than 36 inches wide and 72 inches long, with<br>the top surface of the mattress at a comfortable<br>height to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging<br>clothes,<br>3. A dresser, chest of drawers or other furniture designed for<br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor<br>lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate<br>keys to resident bedrooms to be used in the<br>event of an emergency.<br>(d) Residents who use portable bedside<br>commodes must be provided with privacy during<br>use.<br>(e) Facilities must make available linens and<br>personal laundry services for residents who<br>require such services. Linens provided by a<br>facility must be free of tears, stains and must not | A 152<br><br>A 152                                                                            |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE BROADMOOR ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 DIXIELAND DRIVE<br/>FORT PIERCE, FL 34982</b>                            |  |                                                        |
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| A 152                                                        | <p>Continued From page 9</p> <p>be . . . . .</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observations, interviews and record review, the facility failed to ensure their hot water system was maintained in good working order in the facility's Garden Park unit.</p> <p>The findings included:</p> <p>During an . . . . . control special survey conducted on . . . . ., between 12:00 PM and 3:45 PM, multiple observations of the Garden Park unit (for residents who tested positive for COVID19) were made. In interviews conducted during that time, . . . . . nursing staff provided the following information. There is no hot water in the Garden Park unit and it is not possible to provide proper bathing care to residents. This was reported to administration. It was also reported to facility staff and the response was that it has always been like that and said if you let water run for 40 minutes it will get warm. They spoke with maintenance staff and was told they have bad plumbing, that it is corroded; and the water situation has been going on for three weeks.</p> <p>Observations conducted throughout the survey revealed no hot water in resident # . . . . ., nothing came out of the faucet when the handle was turned. Observation of resident # . . . . ., # . . . . . # . . . . . revealed water was lukewarm after running for several minutes.</p> <p>The county Department of Health provided a . . . . . inspection report that included, "Hot water was between 100 and 120 in most rooms. ... Water did not get hot enough in some rooms. The max in a couple rooms was 94 degrees.</p> | A 152                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964615</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/01/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE BROADMOOR ALF**

**200 DIXIELAND DRIVE  
FORT PIERCE, FL 34982**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 152                    | <p>Continued From page 10</p> <p>Please alter the main water heater temperature to allow every room to have hot water reach at least 100 degrees."</p> <p>In an interview conducted on . . . . . at 2:33 PM, the facility's Administrator stated they only heard about the problem with the water on the evening of . . . . . In an interview conducted on . . . . . at 2:42 PM, the facility's Maintenance Director confirmed this.</p> <p>Class III</p> | A 152               |                                                                                                                          |                          |