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
	AL11964525	A. BUILDING: _____ B. WING _____	08/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CENTRE POINTE BOULEVARD	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

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A 000	Initial Comments On [redacted] an unannounced Focused [redacted] Control Survey and a generator monitoring survey was conducted at Brookdale Centre Pointe Boulevard in Tallahassee, FL. At the time of the survey, deficient practice was identified.	A 000		
A 030 SS=F	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (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 59A-36.006, 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; [redacted] 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- [redacted] or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1	A 030		

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 pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. 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.

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A 030	Continued From page 2 (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 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,	A 030		

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A 030	Continued From page 3 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 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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 Florida. 429.27 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 , or , 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 record reviews and staff interviews, the facility failed to implement and train staff on an effective Coronavirus 19 (COVID-19) screening process. The facility failed to ensure that staff had an adequate understanding of the purpose of pre-shift screening, the screening process, the criteria for passing or failing the screening process, and who should be notified if screening criteria was not met for 3 of 25 employees, staff D, E, and F. This failure in the screening process had the potential to affect all	A 030		

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A 030	Continued From page 6 16 current residents. The findings include: An interview with the interim Executive Director (ED) was conducted on at approximately 9:45 AM. The surveyor asked how many staff have tested positive for COVID-19 since the onset of the pandemic. The interim ED stated, "four" and continued that the first one tested positive on and the other three were identified from the most recent round of facility-wide testing which was conducted on . The interim ED provided the names of all positive staff at the surveyor's request. A review of the facility's staff roster and test data revealed the 4 COVID-19 staff included, Med Tech G, Chef F, Resident Assistant E (E), and Licensed Practical Nurse D (LPN D). A review of the facility's COVID-19 screening logs revealed that on at 3:00 PM, LPN D documented experiencing and known exposure to anyone confirmed or under investigation COVID-19 in the last 14 days. On and at approximately 3:00 PM, LPN D documented having a greater than or equal to 99.6 in the last 14 days, , sneezing/runny , and known exposure to anyone confirmed or under investigation COVID-19 in the last 14 days. On at 3:00 PM, LPN D documented experiencing , or aches, and known exposure to anyone confirmed or under investigation COVID-19 in the last 14 days. On at 3:00 PM, LPN D documented experiencing , difficulty breathing/ , and known exposure to anyone confirmed or under investigation COVID-19 in the last 14 days.	A 030		

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A 030	Continued From page 7 On . . . . . at 3:00 PM, LPN D documented experiencing chills, ب , difficulty breathing/ . . . . ب, ... ب, or aches, and known exposure to anyone confirmed or under investigation COVID-19 in the last 14 days. On at 3:00 PM, LPN D documented experiencing . . . ب , difficulty breathing/ . . . . ب, and , or aches. On at 3:00 PM, LPN D documented experiencing . . . ب and difficulty breathing/ ب. On at 3:00 PM, LPN D documenting experiencing . . . ب , difficulty breathing, and , or aches. A review of the facility's COVID-19 test data revealed LPN D was tested on . . . . . and received a positive result on . On at 6:05 PM, a voicemail requesting a call . . . was left for LPN D. On . . . . . at 1:30 PM LPN D called the surveyor and a phone interview was conducted. The surveyor asked what direct care needs she provides for residents. LPN D replied that she mostly picks up meal trays, passes desserts and passes medications. LPN D added that a few Tuesdays ago ( ) she worked from 3:00 PM to 11:00 PM as a nurse and then worked as a resident assistant ( ) from 11:00 PM to 7:00 AM because no relief was coming, which was the most direct resident care she's provided. The surveyor asked if she passes medications on all halls or if she's assigned certain halls and she replied that she passes medications on all halls. The surveyor asked if she had contact with any of the ten COVID-19 positive residents and she replied yes, but they've been wearing masks and after the first positive staff, Med Tech G, was identified on , they've also been wearing shields. The surveyor asked if she screens herself when she arrives to work or if	A 030		

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A 030	Continued From page 8	A 030		

another staff member conducts the screening. LPN D responded that she screens herself. The surveyor asked what education she received regarding the facility's screening process and expectations and she replied, "We were not educated on that." She continued that the facility holds standup meetings in the mornings, but she works 3:00 PM to 11:00 PM. The surveyor asked what day her symptoms initially appeared and she replied, "They've come and gone, some days I'd have them and some days I wouldn't." LPN D continued that the outcome of her test was negative, but she ate supper with Med Tech G on , the day before learning she was positive. LPN D also stated that she had a on , but then didn't after that. She had a temperature while she was off from work and . The surveyor asked if she informed anyone of her symptoms. She stated that some of the days she told the Health & Wellness Director. The surveyor asked what response she received. LPN D stated, "To be honest, on the 24th ( ) she told me we were doing supper and said that with the symptoms I had put on the paper, I really shouldn't be working. I said 'Well I can go home,' and she said, 'Well I'm fixing to go home and there's no one else to work.'" The surveyor asked why she didn't call-out if she was , and she replied, "We really didn't have the staff. I felt okay. I didn't think I had the COVID." LPN D also stated she'd had the and , in and thought she might be experiencing a relapse.

Further review of the facility's COVID-19 screening logs revealed that on at 11:00 PM, E documented experiencing , difficulty breathing/ , and known exposure to anyone confirmed or under

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A 030	Continued From page 9 investigation COVID-19 in the last 14 days. A review of the facility's COVID-19 test data revealed E was tested on and received a positive result on . On E could not be reached by telephone for an interview. A review of the last three weeks of the facility's COVID-19 screening logs revealed that Chef F did not complete the signs and symptoms portion on any of the screening logs. A review of the facility's test data revealed Chef F was tested on and received a positive result on . On at 6:13 PM a phone interview was conducted with Chef F. The surveyor asked if symptoms were present before she learned she was positive and she replied, "Yes." The surveyor asked when they initially appeared and she replied, "The Friday or Saturday before I was tested (or)." The surveyor asked if she notified anyone and she replied, "No, I didn't think I had it (COVID-19)." Chef F continued that it was just a minor , coughing and fatigue. The surveyor asked if she documented any of her signs and symptoms on the screening log and she replied, "No, I don't know anything about that. I just take my temperature and write it down." The surveyor asked if she received any in-service or instruction on how to complete the screening log or what the facility's expectations were and she replied, "No, if I did I don't recall." She continued that the facility showed them the log and told them to write down name, date, time, and temperature. The surveyor asked if that was all that was instructed	A 030		

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A 030	Continued From page 10 and Chef F replied, "Yes." The surveyor asked if she screens herself when she gets to work or if another staff member conducts the screening and she replied that she screens herself. The surveyor asked Chef F to walk her through the screening process and she replied, "Take my temperature. Write it down." The surveyor stated that there are questions that require a yes or no regarding whether or not certain symptoms are present. Chef F replied, "I didn't even read those questions." On [redacted] at 11:20 AM, the surveyor brought concerns identified during the COVID-19 screening log review to the interim ED's attention. The interim ED stated that she has been reviewing the screening forms but must have missed it and feels that as a nurse, LPN D should've known better. A review of the Corporate Website indicates the facility COVID-19 policy includes: Conducting health screenings on anyone coming into the Community; Ensuring that any of our associates who are sick stay home; Taking this very seriously and acting out of an abundance of caution; and Re-educated our teams on the apporpriateness of prevention measures. On [redacted], the Division of Emergency Management (DEM) Emergency Order No. 20-006 restricting entrance into residential health care facilities including assisted living facilities. The Order limited persons who were allowed to enter the facility and directed screening of all individuals seeking entry. The order documented, "Individuals seeking entry to the facility under the above section 1 (includes staff) will not be allowed to enter if they meet any of the screening	A 030		

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A 030	Continued From page 11 criteria listed below": b. Any person showing, presenting signs or symptoms of, or disclosing the presence of a [illegible], including [illegible] or [illegible]; c. Any person who has been in contact with any person(s) known to be with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days; Part 5 of the Order stated, "The following documentation must be kept for visitation within a facility: a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation. b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include: 1. Name of the individual; 2. Date and time of entry; and 3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria, including the screening employee's printed name and signature. Class III	A 030		