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
	AL11965424	A. BUILDING: _____ B. WING _____	10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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
A 000	Initial Comments A re-licensure survey with Limited Nursing Services was conducted at Brookdale Lake Orienta on . Deficiencies were found at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . 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 must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 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	A 025		

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A 025	Continued From page 1 59A-36.012, 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 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 record review, electronic medication observation record (MOR) and interview, the facility failed to provide medications as ordered by the Physician for 1 of 6 sampled residents (#4). Findings: Record review for resident #4 revealed a resident health assessment form 1823 dated . . . . . , the health care provider noted he required assistance with the self-administration of medications. Further record review revealed an order dated . . . . that noted . . . . . Table 24-26- give 1 tablet by two times a day-Hold for . . . . . (. . .)<100 and . . . tablet 6.25- give 1 tablet by	A 025		

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A 025	Continued From page 2 two times a day for , hold for <100 or Rate ( ) < . Review of the electronic MOR for revealed it also listed the same medication order. On at 8 PM the MOR note the was both medications should have been held and they were marked as given. On at 8 PM the was , at 8 PM the was , on -at 8 PM the was and on at 8 PM the was and there was a 5 noted underneath the staff initial on each day and time. The legend noted the 5 meant "hold/see nurse notes." The medication should not have been held according to the physician's orders. The Director of Nursing was asked to provide the nursing notes to determine why the medications were held when they should not have been and to determine why the medication was given when the was low. On at 2 PM, The Director of Nursing confirmed the findings, she said she could not locate any notes that documented why the resident's medications was held when they should have been given. Class III	A 025		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified	A 032		

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A 032	Continued From page 3 so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and	A 032		

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A 032	Continued From page 4 premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to make a daily effort to ensure 1 of 6 sampled residents (#10,) who was identified as an elopement risk, had identification (ID) on their person that included their name and the facility's name, address, and telephone number and failed to ensure all direct care staff (B) participated in resident elopement drills. Findings: 1. Review of resident #10's current 1823 health assessment form, dated . . . . . , revealed that he was identified as an elopement risk. At 1:15 p.m. on , observations made of the resident with caregiver G revealed that he did not have ID on his person.	A 032		

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A 032	Continued From page 5 2. On at 2 PM, during a staff interview with caregiver staff B stated that she never has participated in the facility's elopement drills in the few years she worked at the facility. Review of the facility's 2019 elopement drills revealed there was no documented evidence staff B had participated in any elopement drills. (Photographic Evidence Obtained) Class III	A 032		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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A 054	Continued From page 6 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure a Medication Observation Record (MOR) was properly updated for 1 of 6 sampled residents (#10) who received assistance with self-administration of medications. Findings: Review of resident #10's record revealed a current 1823, dated , that indicated he required assistance with self-administration of medications. Review of the resident's MOR revealed there were blanks on and and no documentation on either the MOR or in the resident's record to indicate why. (photographic evidence obtained.) At 2:30 p.m. on , the director of nursing confirmed the findings and was unable to provide an explanation or additional documentation. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 7 (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and	A 055		

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A 055	Continued From page 8	A 055		

abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken

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A 055	Continued From page 9 to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to centrally store medications for 3 of 6 sampled residents (#8, #11 and #12) who received assistance with self-administration of medications. Findings: 1. Observations made at 10:21 a.m. on revealed that resident #8 had a bottle of 400 milligram (mg) tablets, a bottle of spray 137 micrograms per spray and a bottle of dry on her bedside table. She said she took the "when I think about it," and both the and dry every day. (photographic evidence obtained.) Review of the resident's current 1823, dated , revealed that she required assistance with self-administration of medications and there was no health care provider's order in her record to indicate she was able to self-administer the medications listed above. (photographic evidence obtained.) At 2:20 p.m. on , the Director of Nursing (DON) was shown the medications in the resident's room, she confirmed the findings and said the medications should be stored in the medication cart.	A 055		

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A 055	Continued From page 10 2. On at 10 AM, the wife of resident #11 ( ) told and showed me that she found a single medication pill under the bed. (Photographic Evidence Obtained) Resident #11's record review revealed admission date and the 1823 Health Assessment dated documented that he needs assistance with self-administration of medications. His medical conditions: 's and . 3. Observation on at 10:30 AM in resident #12's room was over the counter , a prescription bottle of medication for Sildenafil 10 milligram that was written in by the resident, prescription , , , and and prescription bottle of was found on the small dining room table. (Photographic Evidence Obtained) On at 10:35 AM, resident #12 stated that he received assistance with self-administration of medications, but he was able to handle the , , syrup, and the other medications. Resident #12's record review revealed admission date and the 1823 Health Assessment dated documented that he needs assistance with self-administration of medications. His medical conditions: , , , and type II.	A 055		

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A 055	Continued From page 11 Class III	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience.	A 078		

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A 078	Continued From page 12 Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on staff record review and interview the facility failed to ensure that 3 of 6 staff (B, C and F) had annual documentation from their health care provider documenting freedom from communicable Findings: Staff record reviews on at 1:00 pm	A 078		

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A 078	Continued From page 13 revealed the following: 1. Staff B was hired on . . . . . and revealed the most current documentation in the file confirming freedom from . . . . . (.) was dated . 2. Staff C was hired on and revealed the most current documentation in the file confirming freedom from ( ) was dated . . . . . . In an interview with the Business Manager on at 2pm, confirmed that he could not locate any current additional documentation for the staff members. 3. At 9:30 a.m. on , the administrator identified nurse F as being one of two Limited Nursing Service (LNS) nurses. Review of the nurse's personnel record revealed a freedom from communicable . . . . . statement, dated however, the record did not contain a negative exam annually thereafter, as required. At 1:25 p.m. on , the administrator said nurse F began providing the duties of an LNS nurse at the facility on . At 3:35 p.m. on the administrator confirmed the findings and was unable to provide additional documentation. Class III	A 078		

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A 079	Continued From page 14	A 079		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels	A 079		

(3) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there

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A 079	Continued From page 15 must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in	A 079		

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A 079	Continued From page 16	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the

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A 079	Continued From page 17 minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on staff schedule review, personnel record review and interview, the facility failed to ensure that a staff member who had completed courses in First Aid and [illegible] ( ) and held a currently valid card documenting completion of such courses was in the facility at all times. Findings: Review of the staff schedule for	A 079		

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A 079	Continued From page 18 revealed staff C & I were scheduled to work from 11PM-7AM. Review of personnel record for staff C, caregiver hired . . ., revealed no evidence of any training in or First Aid. Review of the facility staff schedule for the week of . . . ./2020 revealed the facility had nurses in the facility from 7AM-11PM. There were 5 different staff who worked from 11PM-7AM in combinations of 2 or 3 people each of the 7 nights reviewed. (photographic evidence obtained) On at 3:35PM, the business office manager stated he was unable to locate current and First Aid training for any of the 5 staff (C, I, J, K and L) who worked the 11pm-7am shift in the previous week. On at 3:45PM, the administrator confirmed the findings and stated 2 staff nurses who did have valid training would split the night shift that night, with one working from 11pm-3am and the other coming in at 3am and working through her 7am-3pm shift the next day. She also stated they would ensure the rest of the week had at least one person with . and First Aid on all shifts. Class III	A 079		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training	A 081		

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A 081	Continued From page 19 must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:	A 081		

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A 081	Continued From page 20 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.	A 081		

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A 081	Continued From page 21 (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure that 1 of 6 sampled staff (F) received the required in-service training as described in 59A-36.011( ) FAC. Findings: At 9:30 a.m. on , the administrator identified nurse F as being one of two Limited Nursing Service (LNS) nurses. Review of the nurse's personnel record revealed	A 081		

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A 081	Continued From page 22 there was no documentation to indicate the nurse received training on the facility's resident elopement policies and procedures and a minimum of 1-hour in-service training within 30 days of employment on reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. At 1:25 p.m. on , the administrator said nurse F began providing the duties of an LNS nurse at the facility on . At 3:35 p.m. on the administrator confirmed the findings and was unable to provide additional documentation. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication	A 084		

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A 084	Continued From page 23 including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for [illegible] control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse	A 084		

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A 084	Continued From page 24 reactions to medications and report such reactions; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training	A 084		

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A 084	Continued From page 25 that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 1 of 6 sampled staff completed an annual 2-hour update on Assisting with Self-Administration of Medications. (A) Findings: On . . . . . at 10:30AM, staff A stated she assisted residents with self-administration of medications. Review of the personnel record for unlicensed caregiver, staff A, revealed a hired date of . A certificate for a 4-hour initial medication assistance training was dated , and a certificate for the additional 2-hours of training on . The most recent 2-hour update certificate was dated . . . . . and was entitled "Medication Administration Tech (MAT) Refresher Course" from an online provider ApprovedMedicalCE.com. The certificate did not note it was for assistance with self-administration of medications in an assisted living.	A 084		

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A 084	Continued From page 26 On at 3:00OM, the administrator stated the facility pharmacy provided the certificate. Class III	A 084		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and,	A 086		

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A 086	Continued From page 27 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility . . . . . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " . . . . . and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. . . . . and Related . . . . . Level II Training must address the following subject areas as they apply to these . . . . . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related . . . . . ," dated . . . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education	A 086		

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	AL11965424	A. BUILDING: _____ B. WING _____	10/19/2020

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BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

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A 086	Continued From page 28 required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . . or related . . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by:	A 086		

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A 086	Continued From page 29 Based on personnel record reviews and interview the facility failed to ensure 2 of 6 direct care staff (B and C) had the required 4 hours of continuing education annually for 's and Related . . . . . (ADRD). Findings: Staff record reviews on . . . . . at 1:00 pm revealed the following: 1. Staff B was hired on and revealed the most current ADRD training was on . 2. Staff C was hired on and revealed the most current ADRD training was on . . . . . . In an interview with the Business Manager on at 2pm, confirmed that he could not locate any current additional documentation for the staff members. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training - . . . . . . (11) . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures	A 090		

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A 090	Continued From page 30 regarding . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure 1 of 6 direct care staff (F) received at least one hour of training in the facility's policy and procedures regarding . . . . . (. .) that included information in Rule 59A-36.009, F.A.C. Findings: At 9:30 a.m. on , the administrator identified nurse F as being one of two Limited Nursing Service (LNS) nurses. Review of the nurse's personnel record revealed there was no documentation to indicate the nurse received at least one hour of training in the facility's policy and procedure regarding . . . At 1:25 p.m. on . . . . . , the administrator said nurse F began providing the duties of an LNS nurse at the facility on . . . . . . At 3:35 p.m. on . . . . . the administrator confirmed the findings and was unable to provide additional documentation. Class III	A 090		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 31 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain and provide a clean-living environment as required.	A 152		

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A 152	Continued From page 32 Findings: On at 10 AM, in was some brown stains near the bedside commode. During observation resident #11's wife stated that she had an accident on Sunday evening suffering from . She further stated that she tried to clean it up as much as she could. On at 10:35 AM, on the first floor, in the hallway near double doors in front of was a black and brown like substance found in the corner of the door. On at 11 AM, in the kitchen storage room area where the emergency water was stored, bugs were observed on the floor. (Photographic Evidence Obtained) Observations made at 10:47 a.m. on revealed the carpet in front of the elevator nearest the entrance to the memory care unit was heavily stained as well as the carpet near the main dining room. (photographic evidence obtained.) At 2:20 p.m. on the Director of Nursing (DON) confirmed the findings and said she did not know how long the carpet had been in that condition. Class III	A 152		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022	AN278		

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AN278	Continued From page 33 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure monthly nursing assessments were maintained for 1 of 6 residents (#10) who received Limited Nursing Services (LNS). Findings: At 9:30 a.m. on the DON identified resident #10 as receiving an LNS for a , pubic . Review of the resident's record revealed a health care provider's order, dated , to change the pubic daily. Review of the resident's record and LNS documentation revealed there were no completed monthly nursing assessments.	AN278		

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AN278	Continued From page 34 At 11:30 a.m. on [redacted] the DON confirmed the findings and said nursing assessments were not completed. Class III	AN278		
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [redacted] are enrolled in the national retained print [redacted] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [redacted] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [redacted]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by:	CZ814		

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CZ814	Continued From page 35 Based on Agency background screen website review, personnel record review and interview, the facility failed to register and maintain the actual employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 7 sampled staff employees. Findings: On at 9:20AM, the administrator stated she and the Director of Nursing (DON) had just started working at the facility at the end of Review of the Agency's background screening website on at 10:30AM revealed the current administrator (D) and current Director of Nursing (H) were not listed on the facility employee roster. The former facility administrator was listed as current on the roster. Continued review did not find the 2 registered nurses identified by the administrator for overseeing Limited Nursing Services (LNS) on the facility employee roster. On at 3:30PM, the business office manager confirmed he had made some updates that day during the survey but confirmed the 2 LNS nurses were still not on the roster. (photographic evidence obtained) Unclassified	CZ814		