

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>AL11964072</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/07/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE WEST MELBOURNE**

**7300 GREENBORO DRIVE  
MELBOURNE, FL 32904**

| (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>A re-licensure survey was conducted at<br>Brookdale West Melbourne on 04/07/2021.<br>Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 000               |                                                                                                                          |                          |
| A 010<br>SS=D            | 429.26( ) FS; 59A-36.006(4) FAC Admissions -<br>Continued Residency<br><br>429.26<br>(1) The owner or administrator of a facility is<br>responsible for determining the appropriateness<br>of admission of an individual to the facility and for<br>determining the continued appropriateness of<br>residence of an individual in the facility. A<br>determination must be based upon an evaluation<br>of the strengths, needs, and preferences of the<br>resident, a medical examination, the care and<br>services offered or arranged for by the facility in<br>accordance with facility policy, and any limitations<br>in law or rule related to admission criteria or<br>continued residency for the type of license held<br>by the facility under this part. The following<br>criteria apply to the determination of<br>appropriateness for admission and continued<br>residency of an individual in a facility:<br>(a) A facility may admit or retain a resident who<br>receives a health care service or treatment that is<br>designed to be provided within a private<br>residential setting if all requirements for providing<br>that service or treatment are met by the facility or<br>a third party.<br>(b) A facility may admit or retain a resident who<br>requires the use of assistive devices.<br>(c) A facility may admit or retain an individual<br>receiving hospice services if the arrangement is<br>agreed to by the facility and the resident,<br>additional care is provided by a licensed hospice,<br>and the resident is under the care of a physician<br>who agrees that the physical needs of the<br>resident can be met at the facility. The resident | A 010               |                                                                                                                          |                          |

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>BROOKDALE WEST MELBOURNE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 GREENBORO DRIVE<br/>MELBOURNE, FL 32904</b> |                                                                                                                          |                                                        |
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| A 010                                                               | <p>Continued From page 1</p> <p>must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.</p> <p>(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:</p> <ul style="list-style-type: none"> <li>a. Move, turn, or reposition without total physical assistance;</li> <li>b. Transfer to a chair or wheelchair without total physical assistance; or</li> <li>c. Sit safely in a chair or wheelchair without personal assistance or a physical</li> </ul> <p>2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.</p> <p>3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.</p> <p>(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.</p> <p>(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not</p> | A 010                                                                                        |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| A 010                                                               | <p>Continued From page 2</p> <p>have financial interests in the facility.</p> <p>59A-36.006</p> <p>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a ...-to-... medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:</p> <p>(a) The resident may be bedridden for no more than 7 consecutive days.</p> <p>(b) A resident requiring care of a ... may be retained provided that:</p> <ol style="list-style-type: none"> <li>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,</li> <li>2. The condition is documented in the resident's record; and,</li> <li>3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.</li> </ol> <p>(c) A ... ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:</p> | A 010                                                                          |                                                                                                                          |  |                                                        |

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| A 010                                                               | <p>Continued From page 3</p> <ol style="list-style-type: none"> <li>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;</li> <li>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;</li> <li>3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,</li> <li>4. Documentation of the requirements of this paragraph is maintained in the resident's file.</li> </ol> <p>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.</p> <p>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.</p> <p>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.</p> <p>(g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that a copy of the hospice integrated plan of care that specified the services being provided by hospice and those being provided by the facility was maintained in the</p> | A 010                                                                                        |                                                                                                                          |                                                        |

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| A 010                                                               | Continued From page 4<br><br>record for 1 of 2 sampled residents (#1).<br><br>Findings:<br><br>Review of the record for resident #1 revealed an admission date of . The health assessment was dated . and documented the resident was receiving hospice care. Continued review of the record did not find an integrated plan of care between the hospice agency and the facility.<br><br>On . at 2:30PM, the administrator confirmed the finding.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 010                                                                                        |                                                                                                                          |                                                        |
| A 078<br>SS=D                                                       | 59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.<br>(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.<br>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 | A 078                                                                                        |                                                                                                                          |                                                        |

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| A 078                    | <p>Continued From page 5</p> <p>individual with a positive ..... test must submit a health care provider's statement that the individual does not constitute a risk of</p> <p>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 .....</p> <p>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. 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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> | A 078               |                                                                                                                          |                          |

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| A 078                    | <p>Continued From page 6</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 4 of 5 staff (A, B, C and D) submitted a written statement from a health care provider documenting that the individual was free from communicable ..... and failed to ensure 4 of 5 staff (B, C, and D) submitted a written statement yearly from a health care provider documenting that the individual was free from ..... ( ).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Personnel record review for staff A hired ..... revealed no evidence to confirm she obtained a healthcare provider statement that indicated that she did not have any signs or symptoms of communicable .....</li> <li>2. Personnel record review for staff D hired ..... revealed no evidence to confirm she obtained a healthcare provider statement that indicated that he did not have any signs or symptoms of ..... in 2021. The last documented result was dated .....</li> <li>3. Personnel record review revealed:<br/>Staff B, caregiver, was hired .....<br/>Staff C, caregiver, was hired .....<br/>Staff D, administrator, was hired .....</li> </ol> <p>The records for staff B, C and D did not reveal any documentation of freedom from communicable ..... within 30 days of hire or</p> | A 078               |                                                                                                                          |                          |

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| A 078                                                               | Continued From page 7<br><br>any documentation of freedom from within the<br>previous 12 months.<br><br>In an interview on _____ at 3: 00 PM with<br>human resources who said she was unable to<br>locate any additional documentation.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A 078                                                                                        |                                                                                                                          |                                                        |
| A 086<br>SS=D                                                       | 59A-36.011(10) FAC Training - ADRD<br><br>(10) _____ AND RELATED<br>_____ ("ADRD") TRAINING<br>REQUIREMENTS. Facilities which advertise that<br>they provide special care for persons with ADRD,<br>or who maintain secured areas as described in<br>Chapter 4, Section 464.4.6 of the Florida Building<br>Code, as adopted in rule 61G20-1.001, F.A.C.,<br>Florida Building Code Adopted, must ensure that<br>facility staff receive the following training.<br>(a) Facility staff who interact on a daily basis with<br>residents with ADRD but do not provide direct<br>care to such residents and staff who provide<br>direct care to residents with ADRD, shall obtain 4<br>hours of initial training within 3 months of<br>employment. Completion of the core training<br>program between _____ and _____<br>shall satisfy this requirement. Facility staff who<br>meet the requirements for ADRD training<br>providers under paragraph (g) of this subsection,<br>will be considered as having met this<br>requirement. Initial training, entitled "<br>_____ and Related _____ Level I Training,"<br>must address the following subject areas:<br>1. Understanding _____'s _____ and related<br>_____<br>2. Characteristics of _____;<br>3. Communicating with residents with _____<br>_____; | A 086                                                                                        |                                                                                                                          |                                                        |

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>AL11964072</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/07/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE WEST MELBOURNE**

**7300 GREENBORO DRIVE  
MELBOURNE, FL 32904**

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| A 086                    | <p>Continued From page 8</p> <p>4. Family issues;<br/>5. Resident environment; and,<br/>6. Ethical issues.</p> <p>(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.</p> <p>(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 _____ :</p> <ol style="list-style-type: none"> <li>1. Behavior management,</li> <li>2. Assistance with ADLs,</li> <li>3. Activities for residents,</li> <li>4. Stress management for the care giver; and,</li> <li>5. Medical information.</li> </ol> <p>(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.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education</p> | A 086               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WEST MELBOURNE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 GREENBORO DRIVE<br/>MELBOURNE, FL 32904</b>                             |                          |                                                        |
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| A 086                                                               | <p>Continued From page 9</p> <p>received under this paragraph may be used to meet 3 of the 12 hours of continuing education 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.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Have 1 year teaching experience as an educator of caregivers for persons with _____, or related _____, or</li> <li>2. Three years of practical experience in a program providing care to persons with _____, or related _____, or</li> <li>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 _____.</li> </ol> <p>(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</p> | A 086                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| A 086                                                               | <p>Continued From page 10</p> <p>referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record review and interview,<br/>the facility failed to ensure 2 of 5 direct care staff<br/>(B and C) received the required _____'s<br/>_____ and Related _____ (ADRD) training.</p> <p>Findings:</p> <p>1. Review of the personnel record for staff B,<br/>caregiver hired _____, revealed a 4-hour<br/>_____ update training dated _____.<br/>Continued review did not reveal any<br/>documentation that staff B had received<br/>_____ level 1 or level 2 training. In addition,<br/>a 4-hour annual update training was not found in<br/>the previous 12 months.</p> <p>2. Review of the personnel record for staff C,<br/>caregiver hired _____, did not reveal any<br/>documentation that staff C had received<br/>_____ level 1 or level 2 training, or a 4-hour<br/>update training within the previous 12 months as<br/>required.</p> <p>On _____ at 2:45PM, the business office<br/>manager and the administrator confirmed the<br/>finding.</p> <p>Class III</p> | A 086                                                                                        |                                                                                                                          |                                                        |
| A 181<br>SS=D                                                       | <p>59A-36.019(2) FAC Emergency Plan Approval</p> <p>(2) EMERGENCY PLAN APPROVAL. The plan<br/>must be submitted for review and approval to the<br/>local emergency management agency.<br/>(a) If the local emergency management agency<br/>requires revisions to the emergency management</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 181                                                                                        |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| A 181                    | <p>Continued From page 11</p> <p>plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.</p> <p>(b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.</p> <p>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.</p> <p>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.</p> <p>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.</p> <p>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.</p> <p>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on interview the facility failed to obtain approval for the Comprehensive Emergency Management Plan (CEMP) from the local County Office of Emergency Management.</p> <p>Findings:</p> | A 181               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 181                    | Continued From page 12<br><br>Review of the facility's CEMP revealed the administrator last reviewed the CEMP on .....<br><br>He stated on ..... at 11 AM the plan had not been approved since 2019; he did not provide an approval letter from county.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 181               |                                                                                                                          |                          |
| A 200<br>SS=D            | 59A-36.025 FAC Emergency Environmental Control<br><br>59A-36.025 Emergency Environmental Control for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:<br>(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure ..... air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.<br>1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square ... per resident | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | Continued From page 13<br><br>must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the _____ to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.<br><br>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.<br><br>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.<br><br>a. An assisted living facility in an evacuation zone pursuant to chapter 252, F. S. must maintain an | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | <p>Continued From page 14</p> <p>alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.</p> <p>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.</p> <p>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.</p> <p>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain _____ temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | Continued From page 15<br><br>2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.<br>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.<br>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.<br>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.<br>(d) The acquisition and maintenance of a . . . . . monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.<br>(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.<br>(c) Each existing assisted living facility that | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WEST MELBOURNE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 GREENBORO DRIVE<br/>MELBOURNE, FL 32904</b> |                                                                                                                          |                                                        |
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| A 200                                                               | Continued From page 16<br><br>undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.<br>(3) APPROVED PLANS.<br>(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.<br>(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.<br>(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.<br>(4) IMPLEMENTATION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. | A 200                                                                                        |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE WEST MELBOURNE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 GREENBORO DRIVE<br/>MELBOURNE, FL 32904</b> |                                                                                                                          |                                                        |
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| A 200                                                               | <p>Continued From page 17</p> <p>(b) The Agency shall allow an extension up to _____ to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S.</p> <p>(c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours.</p> <p>1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.</p> <p>2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:</p> <p>a. Fully and safely evacuate its residents prior to the arrival of the event; or</p> | A 200                                                                                        |                                                                                                                          |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE WEST MELBOURNE**

**7300 GREENBORO DRIVE  
MELBOURNE, FL 32904**

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| A 200                    | Continued From page 18<br><br>b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.<br>(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.<br>(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.<br>(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.<br>(5) POLICIES AND PROCEDURES.<br>(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:<br>1. The use of cooling devices and equipment;<br>2. The use of refrigeration and freezers to | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | Continued From page 19<br><br>produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;<br>3. Wellness checks by assisted living facility staff to monitor for signs of _____ and heat injury; and<br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.<br>(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.<br>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.<br>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                                                               | <p>Continued From page 20</p> <p>must comply with this rule.</p> <p>(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.</p> <p>(8) NOTIFICATION.</p> <p>(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:</p> <ol style="list-style-type: none"> <li>1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;</li> <li>2. Upon final implementation of the plan by the assisted living facility.</li> </ol> <p>(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement policies and procedure pertaining to the Emergency Power Plan to ensure that the assisted living facility can</p> <ol style="list-style-type: none"> <li>1. effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source, 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines</li> </ol> | A 200                                                                                        |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| A 200                    | Continued From page 21<br><br>requiring refrigeration; 3. Description of the methods to be used to mitigate the potential for heat related injury and 4. The care of the residents during a declared state of emergency and that the written policies and procedures in a manner that makes them readily available either in electronic or paper format, upon request.<br><br>Findings:<br><br>On . . . . . at 11:30 AM during review of the Emergency Power Plan the administrator said he thought the policy was with the EPP plan.<br><br>In an interview on . . . . . at 3:15 PM the administrator said he had looked and could not find the policy.<br><br>Class III                           | A 200               |                                                                                                                          |                          |
| CZ813                    | 59A-35.090(3)(c), FAC Results of Screening & Notification In File<br><br>59A-35.090 Background Screening.<br>(3) Results of Screening and Notification.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review, Agency background screening website review and interview, the facility failed to ensure the current eligibility results of employee background screening were maintained in the personnel record for 3 of 5 sampled staff. (A, B and D). | CZ813               |                                                                                                                          |                          |

Agency for Health Care Administration

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| CZ813                    | Continued From page 22<br><br>Findings:<br><br>1. Review of the personnel file for staff B, caregiver hired on _____, did not reveal a current level 2 background screening result. Review of the Agency's background screening website for staff B revealed an eligibility date of _____.<br><br>2. Review of the personnel file for staff D, administrator hired on _____, did not reveal a level 2 background screening result. Review of the Agency's background screening website for staff D revealed an eligibility date of _____.<br><br>Personnel record review for staff A hired _____ revealed that a BGS result was not in her personnel file. Review of the Agency's background screening website for staff A revealed an eligibility date of _____.<br><br>On _____ at 2:45PM, the business office manager and the administrator confirmed the finding.<br><br>Unclassified | CZ813               |                                                                                                                          |                          |
| CZ814                    | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12(2) Care Provider Background Screening Clearinghouse.-<br>(b) Until such time as the _____ are enrolled in the national retained print _____ 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                                                                                                                                                                                                                                                                                                                                                                                                          | CZ814               |                                                                                                                          |                          |

Agency for Health Care Administration

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| CZ814                    | <p>Continued From page 23</p> <p>requires screening by a specified agency.</p> <p>(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.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic 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; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by: Based on Agency background screen website review, personnel record review and interview, the facility failed to register and maintain the current employment status of employees within the Agency's Background Screening Clearinghouse within 10 days of hire for 1 of 5 sampled staff employees (C).</p> <p>Findings:</p> <p>Review of the personnel record for staff C, caregiver, revealed a hire date of . . . . . Review of the facility employee roster on the Agency website did not find staff C listed as a current employee.</p> <p>On at 2:45PM, the business office manager and the administrator confirmed the finding.</p> | CZ814               |                                                                                                                          |                          |

Agency for Health Care Administration

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| (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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| CZ814                    | Continued From page 24<br><br>Unclassified                                                                                   | CZ814               |                                                                                                                          |                          |