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
	AL11965363	A. BUILDING: _____ B. WING _____	R 12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMORY CA	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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 revisit to extended congregated care and limited nursing services monitoring visit was conducted at , Residence of Brandon Memory Care on . Deficiencies were identified at the time of survey.	{A 000}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.	{A 162}		

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{A 162}	Continued From page 1 (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a	{A 162}		

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{A 162}	Continued From page 2 facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the . , , ... of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be	{A 162}		

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{A 162}	Continued From page 3 provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain resident records for Hospice residents with the required interdisciplinary care plan ( ), an authorization by a health care provider for hospice services, and new -to- health assessments documented on the Agency for Health Care Administration Form 1823 (1823), when residents had significant declines in condition, necessitating their admission to hospice services for four Residents (#1, #3, #4, and #5) of five sampled residents admitted to hospice services. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on and had a decline in condition necessitating his admission to hospice services on an unknown date. Resident #1's record did not include a consent for hospice services. Resident #1's record did not include an authorization to admit to hospice services from his health care provider. Resident #1's record did not include an describing the care and services provided by hospice and those provided by the facility. Resident #1's most recent 1823 was dated and did not specify the required nursing services of hospice on page one.	{A 162}		

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{A 162}	Continued From page 4 A record review for Resident #3, conducted on , revealed that Resident #3 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #3's record did not include an authorization to admit to hospice services from her health care provider. Resident #3's most recent 1823 was dated and did not specify the required nursing services of hospice on page one. A record review for Resident #4, conducted on , revealed that Resident #4 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on an unknown date. Resident #4's record did not include a consent for hospice services. Resident #4's record did not include an authorization to admit to hospice services from her health care provider. Resident #4's record did not include an describing the care and services provided by hospice and those provided by the facility. Resident #4's most recent 1823 was dated and did not specify the required nursing services of hospice on page one. A record review for Resident #5, conducted on , revealed that Resident #5 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #5's record did not include an authorization to admit to hospice services from her health care provider. Resident #5's most recent 1823 was dated and did not specify the required nursing services of hospice on page one. During an interview with the Administrator,	{A 162}		

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{A 162}	Continued From page 5 conducted on . . . . . at 03:39pm, the Administrator agreed that Resident #1, #3, #4, and #5's records did not include an updated 1823 that specified the required nursing services of hospice, an authorization for their health care providers to admit to hospice services, and a consent form agreeing to hospice services. Class III	{A 162}		
{AE203} SS=D	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or . . . . . persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to	{AE203}		

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{AE203}	Continued From page 6 provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide evidence that a Registered Nurse (RN) was employed or and available to provide extended congregate care (ECC) services, participate in the development of resident's service plans, and perform monthly nursing assessments for one Resident (#2) of one sampled resident admitted to ECC services. Findings Included: A review of a list of staff, conducted on , revealed that there was no RN employed by the Facility. During an attempt to review a contract with a RN, conducted on , revealed that there was no contract in place for a RN. A review of the ECC binder, conducted on , revealed that the ECC RN was a corporate RN that had a multi-State RN's license from another State.	{AE203}		

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{AE203}	Continued From page 7 A review of Resident #2's ECC records, conducted on [redacted], revealed that Resident #2 was admitted to ECC services on [redacted]. Resident #2's ECC records did not include preliminary, initial, or quarterly service plans. Resident #2's ECC records did not include frequent progress notes or monthly assessments of the ECC services provided. A review of the ECC policy and procedures dated [redacted] and revised [redacted], conducted on [redacted], the ECC policy and procedures stated that qualified staff will be available to meet the scheduled and unscheduled needs of ECC residents. The oversight of staff and residents admitted to ECC services by the ECC RN as described in the ECC policy and procedures was too extensive to be met by a RN that resided in another State. The facility was not following their ECC policy and procedures. During an interview with the Administrator, conducted on [redacted] at 02:00pm, the Administrator stated that the corporate RN resided in another State. At 02:30pm, the Administrator stated that the corporate RN performed assessments via Zoom and did not physically come to the facility monthly to perform the required monthly assessments of residents admitted to ECC services. At 03:50pm, the Administrator agreed that Resident #2's ECC records did not include all of the required elements of residents admitted to ECC services and agreed that the facility was not following their ECC policy and procedures. Class III	{AE203}		

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{AE208}	Continued From page 8	{AE208}		
{AE208} SS=D	59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services from the facility's staff; (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has: a. Held an extended congregate care license for	{AE208}		

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{AE208}	Continued From page 9 at least 24 months; b. No class I or class II violations and no uncorrected class III violations; and c. No ombudsman council complaints that resulted in a citation for licensure. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain extended congregate care (ECC) records as required for one Resident (#2) of one sampled resident admitted to ECC services. Findings Included: A review of the ECC binder, conducted on , revealed that the only document in the ECC binder was Resident #2's health assessment form. There were no service plans or health assessments in the ECC binder for Resident #2. The ECC admission and discharge log was blank. An ECC resident record review for Resident #2, conducted on , revealed that Resident #2 was admitted to ECC services on . Resident #2's ECC records did not include a preliminary, initial, or quarterly service plans or an assessment of whether Resident #2 met the Facility's residency criteria, an appraisal of the resident's unique physical, a , , and social needs and preferences, and an evaluation of the Facility's ability to meet the resident's needs. Resident #2's ECC record did not include frequent progress notes that described the type, amount, duration, scope, and outcome of the ECC services and the general status of Resident	{AE208}		

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{AE208}	Continued From page 10 #2's health. The last progress note was dated . Resident #2 was admitted to the facility on . A review of the ECC policy and procedures dated and revised , conducted on , revealed that the facility was to develop a preliminary service plan prior to a resident's admission to ECC services which was to include an evaluation of whether the resident met the facility's residency criteria and an appraisal of the resident's unique physical and needs and preference and needs. Within fourteen days of a resident's admission to ECC services, the facility was to coordinate the development of an initial written service plan. The ECC policy and procedures stated that the facility would update the service plans at least quarterly. The ECC policy and procedures stated that an assessment of the resident would be performed monthly and that all ECC records which included service plans, progress notes, medication observation records specifically for ECC services, and nursing evaluations would be maintained in the ECC binder. During an interview with the Administrator, conducted on at at 03:50pm, the Administrator agreed that Resident #2's ECC record did not include a preliminary, initial, or quarterly service plans, monthly assessments, or frequent progress notes. The Administrator agreed that the documentation of residents admitted to ECC services were not kept according to the facility's ECC policy and procedures. The Administrator agreed that the facility was not following their ECC policy and procedures. Class III	{AE208}		

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{AN277} SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide evidence that a Registered Nurse (RN) was employed or and available to provide limited nursing services	{AN277}		

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{AN277}	Continued From page 12 (LNS). Findings Included: A review of a list of staff, conducted on , revealed that there was no RN employed by the Facility. During an attempt to review a contract with a RN, conducted on , revealed that there was no contract in place for a RN. A review of the LNS binder, conducted on , revealed that the LNS RN was a corporate RN that had a multi-State RN license from another State. A review of the LNS policy and procedures dated and revised , conducted on , the LNS policy and procedures stated that qualified staff will be available to meet the scheduled and unscheduled needs of LNS residents. The oversight of staff and residents admitted to LNS by the LNS RN as described in the LNS policy and procedures was too extensive to be met by a RN that resided in another State. During an interview with the Administrator, conducted on at 02:00pm, the Administrator stated that the corporate RN resided in another State. Class III	{AN277}		