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
	AL11965713	A. BUILDING: _____ B. WING _____	R 02/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGHLANDS	4250 LAKELAND HIGHLANDS RD LAKELAND, FL 33813

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{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2022011089) was conducted at Brookdale Highlands on . Deficiencies were identified at the time of survey.	{A 000}		
{A 080} SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting , neglect, and . (c) Special needs of elderly persons, persons with mental illness, and persons with and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency	{A 080}		

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{A 080}	Continued From page 1 procedures. (g) Care of persons with 's and related . . . . . . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , and managers who attended the core training program prior to , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new	{A 080}		

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{A 080}	Continued From page 2 administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have an Administrator that completed the assisted living core education requirements pursuant to rule 59A-36.011, Florida Administrative Code within ninety days after becoming employed as the facility's Administrator. Findings Included: During an observation of the Administrator, conducted on from 09:45am through 02:15pm, the Administrator was actively working in the facility and functioning as the Administrator. An employee record review for the Administrator, conducted , the Administrator's employee record contained one document of a twenty-six-hours core training program completion dated . There was no evidence that the Administrator took and passed the core training competency test. The Administrator was hired on . A review of the core competency test website https://alfmacdonald-research.com/SuccessfullEx	{A 080}		

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{A 080}	Continued From page 3 amineesList.aspx, conducted on . . . . . , revealed that the Administrator had not passed the core competency test. During an interview with the Administrator, conducted on at 12:20pm, the Administrator stated that he took the core competency test on and was awaiting the test results. Class III	{A 080}		

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{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] 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 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 [illegible] 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; [illegible]; 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: Based on record review and interview, the facility failed to maintain the employment status of current and former employees within the Facility's employee roster listed on the Agency's background screening clearinghouse (BGS ER), within ten-business days of employment, name change, and/or upon the termination of	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ814}	Continued From page 1 employment, for twelve current and former employees (Administrator and Staff C, J, M, N, P, S, T, V, Y, AA, and BB) of twelve current and former sampled employees. Findings Included: A review of the facility's BGS ER, conducted on . . . . . , revealed that the facility's BGS ER was not up to date. Current employees that were not listed as current employees on the facility's BGS ER included the Administrator and Staff M, N, P, and S. Former staff that continued to be listed on the facility's BGS ER as current employees included Staff J, T, V, and Y. Staff C, AA, and BB had different last names. A review of the facility's staffing listed, conducted on . . . . . , revealed that the Administrator was hired on . . . . . . Staff M was hired on . . . . . Staff N was hired on . . . . . . Staff P was hired on . . . . . Staff S was hired on . . . . . Staff J, T, V, and Y were not listed as current employees. Staff C was listed with a different last name and was hired on . . . . . Staff AA was hired on . . . . . and a different last name. Staff BB was hired on . . . . . and had a different last name. During an interview with the Business Office Coordinator, conducted on . . . . . at 12:43pm, the Business Office Coordinator reviewed the facility's BGS ER with the list of current facility staff and compared these with the Agency's BGS ER for the facility and agreed that the Administrator and Staff M, N, P, and S were not listed as current employees. The Business Office Coordinator agreed that Staff J, T, V, and Y continued the BGS ER as current employees with no dates of termination. At 12:50pm, the	{CZ814}		

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{CZ814}	Continued From page 2 Business Office Coordinator stated that Staff C had been married on and underwent a third name change and agreed that Staff AA and BB had different last names for a while. Unclassified	{CZ814}		
{CZ821} SS=D	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010	{CZ821}		

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{CZ821}	Continued From page 3 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPo	{CZ821}		

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{CZ821}	Continued From page 4 rtal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15	{CZ821}		

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{CZ821}	Continued From page 5 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Agency that they had a change of Administrators within twenty-one days of occurrence. Findings Included: During an observation of the Administrator, conducted on . . . . . from 09:45am through 02:25pm, the Administrator was actively working in the facility and functioning as the Administrator. There were no other Administrators performing or providing direct oversight to the day-to-day operation of the facility. A review of the websites (https://www.floridahealthfinder.gov/facilitylocator/facloc.aspx) and the facility's background	{CZ821}		

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{CZ821}	Continued From page 6 clearinghouse employee roster, conducted on , revealed that there was another person named as Administrator. A record review for the Administrator, conducted on , revealed that the Administrator was hired on . During an interview with the Administrator, conducted on at 12:20pm, the Administrator was unable to provide evidence that the facility sent in a change of Administrator notification to the Agency and stated that the other Administrator that was listed on the background clearinghouse employee roster and the website was not working at the facility. During an interview with the Business Office Coordinator, conducted on at 12:43pm, the Business Office Coordinator stated that the other Administrator listed on the background clearinghouse employee roster and the website doe not work in the facility. Class III	{CZ821}		