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
	AL11964897	A. BUILDING: _____ B. WING _____	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DEER CREEK	2403 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442

(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 An unannounced licensure Complaint survey (#2022010647) and Generator Monitoring survey were conducted on at Brookdale Deer Creek. The facility had deficiencies related to the Complaint and Generator Monitoring survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe and clean living environment for all its residents. The facility failed to ensure that its air conditioning (a/c) units were adequately maintained and in proper working order. The findings are: In an interview with the facility director of nursing on at 10:15am, she stated that she was aware that one of the central a/c units, which supplied a/c to the north west 2nd and 3rd floor hallways, was not working since last week. She stated and that the facility was in process to repair this unit by having . . . . . an a/c technician. She stated that although this centralized a/c unit was not working, the temperature in the affected hallways was minimally increased since the surrounding common hallways and each individual resident room along the affected areas had working a/c units. She stated that none of the residents in these areas were affected since each of their bed rooms and surrounding common areas had working a/c units which maintained temperatures at below 80 degrees Fahrenheit. In observations on from 10:45am to 11:30am the following was noted:	A 152		

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A 152	Continued From page 2 1. The wall a/c unit located in the east 3rd floor main hallway had dark like material on its supply vents. 2. The wall a/c unit located in the north east 2nd floor hallway was not in working order and blowing temperature air. 3. The a/c supply vent located in the east 4th floor main hallway wall had moisture damage due to the paint on the wall having bubbled in the perimeter surrounding the a/c vent. 4. The central a/c unit supplying the 1st, 2nd and 3rd floor north west hallways was not operational. (Photographic evidence was obtained) In an interview with the maintenance manager on at 11:20am, he stated that he was not aware of the specific individual wall a/c units in the facility's common areas which were not operational. He stated that the facility had ordered 6 new wall a/c units to replace throughout the facility. He stated that he didn't know that there were some wall a/c units and vents which had dirty supply vents with dark mold-like stains and with condensation leaks. He stated that these all of the a/c vents needed to be cleaned and maintained regularly to prevent them getting soiled or damaging the walls. In an observation on from 2:45pm to 3:15pm, the exterior of the facility building revealed that there were approximately 10 wall a/c units which did not have its exterior covers attached. Further observation of these wall a/c units revealed that the internal mechanical components of the a/c system were visible and exposed the interior space of where each a/c unit was supplying. (Photographic evidence was obtained). In an interview with the maintenance manager on	A 152		

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A 152	Continued From page 3 . . . . . at 2:55pm, he stated that each of the wall a/c units which had their exterior covers removed, supplied a/c air to a resident room. In an interview with the district director of nursing on at 3:10pm, he stated that the wall a/c units which had their exterior covers removed posed a risk for of the a/c units and increased exposure of pests or vermin to the inside of the facility. Class III	A 152		

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that its Comprehensive Emergency Management Plan (CEMP) was submitted for annual review timely and approved by the local emergency management agency. The findings are: In an interview with the maintenance manager on at 3:30pm, he stated that the facility's most recent CEMP was approved by the local emergency management agency on . He stated that he didn't know of a more recent CEMP that was submitted by the facility to the local emergency management agency. Review of the facility's records revealed that its most recent CEMP was approved by the local emergency management agency on and it was valid until . Review of the approval letter indicated that the facility needed to submit its current CEMP on or by for review by the local emergency management agency. Further review of the facility records indicated that there was no CEMP which was submitted to the local emergency management agency after and there were other CEMP approval letters to represent that the facility submitted its updated CEMP to the local emergency management agency. Class III	CZ830		