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
	AL11964525	A. BUILDING: _____ B. WING _____	06/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CENTRE POINTE BOULEVARD	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

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A 000	Initial Comments An unannounced biennial licensure with Limited Nursing Services speciality survey was condcuted on -21, 2022 in conjunction with a complaint survey for allegations contained within complaint number 2022008897 at Brookdale Centre Pointe Boulevard in Tallahassee, Florida. At the time of the survey, deficient practice was identified.	A 000		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the	A 165		

AHCA Form 3020-0001

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

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A 165	Continued From page 1 resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) [redacted], neglect, or [redacted] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident.	A 165		

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A 165	Continued From page 2 The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a full report within 15 days of an adverse incident for 2 of 2 residents sampled (#1 and #2) The findings included: On at approximately 1:04pm, during an interview conducted with staff A, resident aide ( ), staff A revealed that there had been a recent elopement of Resident #1 in which the resident got out of the facility and off campus. She revealed the police department was notified and assisted with event. On at approximately 1:49pm, an	A 165		

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A 165	Continued From page 3 interview was conducted with staff B, Licensed Practical Nurse (LPN). She revealed that there had been an elopement with resident #1, and also indicated the resident got out of the facility. On at approximately 2:22pm, an interview was conducted with staff C, LPN. Staff C said, last month resident #1, held the door as it is a fire door and got out of the facility. She revealed staff called police, as the resident would not come . . . . Resident #1 walked down the street to another facility about half mile away. On at approximately 3:01pm, an interview was conducted with staff D, . Staff D said, on evening shift last month, resident #1 wanted to got out. She heard the alarm sound and caught up with the resident before she left the facility parking lot. Staff D stated "she would not stop and so I walked with her in attempts to get her to change her mind. I called my supervisor and called police for assistance while I walked behind the resident. By the time we reached Centerville Road police had arrived to assist. The resident stayed on the side walk the entire time. After about another 15 minutes we were able to get resident #1 into my supervisors car and to facility. The resident had no injuries. On . . . . . at approximately 2:00pm, an interview was conducted with Staff C LPN. Staff C was aware of an 1-day Adverse Incident report being completed by staff T, executive director (ED), she was not aware there had to be another follow up or a 15-day report. Staff C revealed she did not think that it was completed to her knowledge for resident #1, and #2. at approximately 02:10pm, an interview	A 165		

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A 165	Continued From page 4 was conducted with Staff V, Administrator from a sister Brookdale facility, who was assisting in the absence of the Administrator for Brookdale Centre Boulevard Staff T. Staff V was not aware of the events for resident #1, and #2, and unable to locate any additional documentation for the adverse reports to provide evidence that a 15 day report was filed with the Agency.	A 165		
CZ814 SS=D	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	CZ814		

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CZ814	Continued From page 5 a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that staff were enrolled in the Background Screening Clearinghouse within 10 days for 1 of 4 staff records reviewed (staff B). The findings include: On at approximately 12:27 PM, a review of the employee file for Staff B noted a hire date of . On at approximately 12:27 PM, a review of the Background Screening Clearance Roster could not locate Staff B on the roster. Further review of the Background Screening Clearance profile for Staff B did not show employment at Brookdale Centre Pointe Boulevard, License #9057. On at approximately 2:45 PM the Staff V, Administrator from a sister Brookdale facility, who was assisting in the absence of the Administrator for Brookdale Centre Boulevard was advised that Staff B could not be located on the Background Screening Clearance Roster. The Administrator from the sister Brookdale facility stated she was unsure of what the process was at this facility. "They probably forgot to add her when she transferred to the facility." She stated that Staff B was a new employee to Brookdale Center Pointe Boulevard and had previously been employed at the sister facility at Brookdale Hermitage Boulevard.	CZ814		

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CZ821	Continued From page 6	CZ821		
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 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:	CZ821		

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CZ821	Continued From page 7 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/SingleSignOnPortal. 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,	CZ821		

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CZ821	Continued From page 8 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 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.	CZ821		

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CZ821	Continued From page 9 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 report to the Agency within 21 days of the change of administrator or manager (or similarly titled person) who is responsible for the day-to-day operation of the facility. The findings include: On , a review of Facility Finder listed Staff U as the Administrator of the facility. On at approximately 11:45am during the entrance conference, Staff W, Sales Manager, informed the survey team that the Executive Director (Administrator), Staff T was out on leave. Staff W informed he would provide the survey team with what he could, but that he was also going to contact the administrator at one of the provider's sister facilities to assist the absence of Staff T. During the entrance conference, a request was made for a list of employees by the Business Office Manager. Staff T was listed to be the Executive Director. The hire date for Staff T was	CZ821		

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CZ821	Continued From page 10 . . . . . Staff U was not listed on the list of employees. On at approximately 8:30am, a request was made from Staff V, the Administrator from a sister Brookdale facility, who was assisting in the absence of the Administrator for Brookdale Centre Boulevard, for staff personnel files to include the file of the Administrator. On . . . . . at 9:50am, an interview was conducted with Staff V in which she informed it had been brought to her attention by Corporate that Staff T had not been registered as the Administrator. When asked how long Staff T had been employed, Staff V revealed approximately 2 months. On . . . . . at approximately 10:00am, during a follow-up interview with Staff V, she revealed that Staff U "still worked for the company but is no longer the Administrator at the facility. I do know he trained" Staff T, "but has not been at the facility for over 3 weeks now". On at approximately 12:00pm, an interview was conducted with Staff V, who revealed she had spoken with Staff V, Interim Executive Director, who revealed "he was acting and had been training the current Administrator, Staff T. Staff V informed he has not been in the building since but he speaks to the new administrator multiple times per week. Staff T has not received her certification for Core Training, and Staff U will remain the interim until this certification is received. Staff V revealed she was informed Staff T needed to get finish with training, but she is available to the community for any operational issues as the designee. Staff V revealed she was informed that Staff T was the	CZ821		

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CZ821	Continued From page 11 manager until she received her Core Training certification." A review of the personnel file for Staff T revealed a job description signed on ..... for the Executive Director I. A review of the Clearinghouse Background Screening Roster listed both Staff U and Staff T. Staff T was added to the roster on as the Administrator. On at 10:14am, an email response from the licensure unit stated, "there is no record of this new administrator, the only one we have is Staff U effective .....".	CZ821		