

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>AL11967587</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/15/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRENNITY AT MELBOURNE (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7365 ORCHESTRA LN<br/>MELBOURNE, FL 32940</b> |                                                                                                                          |                                                        |
| (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) |                                                        |
| A 000                                                                  | Initial Comments<br><br>A complaint survey #2022018277 was conducted<br>on _____ at Brennnity at Melbourne Assisted<br>Living Facility. Deficiencies were identified at the<br>time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 000                                                                                     |                                                                                                                          |                                                        |
| A 030<br>SS=D                                                          | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY<br>PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as<br>described in Section 429.28, F.S., or a summary<br>provided by the Long-Term Care Ombudsman<br>Program must be posted in full view in a freely<br>accessible resident area, and included in the<br>admission package provided pursuant to Rule<br>59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the<br>facility must have a written grievance procedure<br>for receiving and responding to resident<br>complaints and a written procedure to allow<br>residents to recommend changes to facility<br>policies and procedures. The facility must be able<br>to demonstrate that such procedure is<br>implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints<br>against a facility or facility staff must be posted in<br>full view in a common area accessible to all<br>residents. The telephone numbers are: the<br>Long-Term Care Ombudsman Program,<br>1(888)831-0404; _____, Rights Florida,<br>1(800)342-0823; the Agency Consumer Hotline<br>1(888)419-3456, and the statewide toll-free<br>telephone number of the Florida _____ Hotline,<br>1(800)96- _____ or 1(800)962-2873. The<br>telephone numbers must be posted in close<br>proximity to a telephone accessible by residents<br>and the text must be a minimum of 14-point font. | A 030                                                                                     |                                                                                                                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| A 030                                                                  | <p>Continued From page 1</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical _____.</li> </ol> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> | A 030                                                                                     |                                                                                                                          |                                                        |

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| A 030                                                                  | <p>Continued From page 2</p> <p>429.28 Resident bill of rights.-<br/>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:</p> <p>(a) Live in a safe and decent living environment, free from _____ and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.</p> <p>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.</p> <p>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.</p> <p>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                                                                  | Continued From page 3<br><br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.<br>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free | A 030                                                                                     |                                                                                                                          |                                                        |

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| A 030                                                                  | Continued From page 4<br><br>telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                                                                  | <p>Continued From page 5</p> <p>call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incompetent under state law, managing his or her own affairs.</p> <p>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow residents' rights by not providing a safe and decent living environment, free from verbal and physical abuse for 2 of 5 residents sampled.</p> <p>Findings:</p> <p>A record review for resident #2 revealed she was admitted on 12/15/2022. Her record contained a Resident Health Assessment (1823) dated</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                                  | <p>Continued From page 6</p> <p>Her diagnoses included _____'s, _____ deficiency, Dyslipidemia, and _____. She was a _____ risk. She was independent with ambulation, toileting, and transfer. She needed assistance with bathing.</p> <p>A facility note dated _____ at 9:06pm signed by staff F documents she was notified by one of the med techs that resident #2 had punched resident #5. She Notified the Administrator of the event and the Administrator came in to talk to the residents.</p> <p>Further review of resident #2 record revealed a facility note dated _____ at 12:59pm that documented an unwitnessed "resident to resident" altercation. Resident #2 attempted to enter resident #5 room. Both residents denied any physical altercation.</p> <p>A record review for resident #5 revealed he was admitted on _____. His file contained an 1823 dated _____. His diagnoses included _____. He was Alert, awake, and oriented x3. He was independent with all activities of daily living and with medication administration.</p> <p>Further review of resident #5 record revealed a facility note dated _____ at 1:01pm that documented an unwitnessed "resident to resident" altercation. Resident #2 attempted to enter resident #5 room. Both residents denied any physical altercation.</p> <p>On _____ at 5:55pm in an interview with staff F she said resident #2 does walk all around the facility. On _____ resident #2 hit resident #5. Staff F said resident #5 would call #2 bad names</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BRENNITY AT MELBOURNE (THE)**

**7365 ORCHESTRA LN  
MELBOURNE, FL 32940**

| (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 030                    | <p>Continued From page 7</p> <p>and is always very rude. He always picks on resident #2 and calls her names just to bother her. She said there was another incident in _____ when resident #2 _____ into resident #5 room.</p> <p>On _____ at 6:30pm in an interview with the Administrator she confirmed there was an incident reported to her on _____ about 1pm involving a resident-to-resident altercation with resident #5 and resident #2. She said resident #2 _____ into #5's room. She said there was some sort of unwitnessed incident but both residents denied any physical altercation. She confirmed there was a witnessed incident on _____ in the dining room, where resident #2 punched resident #5 in the _____. She spoke to both of them and resident #2 said resident #5 was saying nasty words to her. Resident #5 said he was just minding his own business and resident #2 hit him out of nowhere. Resident #5 said he was okay.</p> <p>The Administrator confirmed resident #5 had been rude to resident #2. He calls her names and instigates her.</p> <p>Class III</p> | A 030               |                                                                                                                          |                          |