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
	AL11910005	A. BUILDING: _____ B. WING _____	R-C 02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BAYSHORE	4902 BAYSHORE BLVD TAMPA, FL 33611

(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 biennial survey and a second revisit to complaint investigation (complaint number: 2022010527) was conducted at Brookdale Bayshore on . Deficiencies were identified at the time of survey.	{A 000}		
{A 010} SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	{A 010}		

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{A 010}	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the	{A 010}		

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{A 010}	Continued From page 2	{A 010}		

applicable department.

(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's

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{A 010}	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	{A 010}		

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{A 010}	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assess and determine the appropriateness of continued residency for one Resident (#2) of one sampled resident that was inappropriate for residency. Findings Included: During the biennial survey, it was determined that Resident #2 was bedbound, required total care with all activities of daily living, and was not admitted to hospice services. A record review for Resident #2, conducted on , revealed that Resident #2 was admitted on . Resident #2's health assessment form dated noted that the resident was bedbound, required total care with ambulation, bathing, , grooming, toileting, and transferring, and Resident #2's need cannot be met in an assisted living facility. Resident #2 was not admitted to hospice services. During an interview with the Health and Wellness Director, conducted on at 02:06pm, the Health and Wellness Director agreed that Resident #2 continued as bedbound and did not qualify for hospice services. The Health and Wellness Director agreed that Resident #2 had been bedbound and required total care with activities of daily living for greater than seven days. Class III	{A 010}		

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{A 054}	Continued From page 5	{A 054}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update Medication Observation Records (MORs) each time	{A 054}		

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{A 054}	Continued From page 6 medications were offered or given to four Residents (#2, #3, #4, and #5) of four sampled residents that required assistance with self-administration of medications. Findings Included: A record review for Resident #2, conducted on . . . . . , revealed that Resident #2's MORs had prescribed medications that were not documented as offered or given to the resident which included 500mg on . . . . . at 08:00pm; . . . . . , 7.5mg on . . . . . at 08:00pm; , 50mg on . . . . . at 06:00am; , 100mg on . . . . . at 08:00pm; and , Extra Strength 500mg on . . . . . at 08:00pm. Resident #2's health assessment form dated . . . . . noted that the resident required assistance with self-administration of medications. Resident #2 was admitted on . . A record review for Resident #3, conducted on . . . . . , revealed that Resident #3's MORs had prescribed medications that were not documented as offered or given to the resident which included , / , 25-100mg one tablet on . . . . . at 06:00am and , / , 25-100mg two tablets on . . . . . and . . . . . at 02:00pm. Resident #3's health assessment form dated noted that the resident required assistance with self-administration of medications. Resident #3 was admitted on . . . . . . A record review for Resident #4, conducted on , revealed that Resident #4's MORs had prescribed medications that were not documented as offered or given to the resident	{A 054}		

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{A 054}	Continued From page 7 which included , , , 7.5mg-325mg on and at 02:00pm. Resident #4's health assessment form dated noted that the resident required assistance with self-administration of medications. Resident #4 was admitted on . A record review for Resident #5, conducted on , revealed that Resident #5's MORs had prescribed medications that were not documented as offered or given to the resident which included , , 112mcg on and at 06:00am and , 325mg on at 06:00am and , , and at 02:00pm. Resident #5's health assessment form dated noted that the resident required assistance with self-administration of medications. Resident #5 was admitted on . During an interview with the Health and Wellness Director, conducted on at 11:35am, the Health and Wellness Director agreed that Residents #2, #3, #4, and #5's MORs had medications that were not documented as offered or given to the residents. Class III	{A 054}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations,	A 058		

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A 058	Continued From page 8 including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III	A 058		

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A 058	Continued From page 9 deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication concerns were corrected. (Cross Reference: A0054) Findings Included: Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ or contract with a licensed Pharmacist or Registered Nurse Consultant. The Consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement.	A 058		

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A 058	Continued From page 10 During the Exit Conference with the Executive Director and Associate Executive Director, conducted on [redacted] at 03:15pn, the Executive Director and the Associated Executive Director verbalized their understanding that the facility was required to employ or contract with a licensed Pharmacist or Registered Nurse Consultant to provide medication oversite and that the consultant services at a minimum, onsite quarterly consultation until the Inspection Team from the Agency determines that such consultation services are no longer required. Class III	A 058		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative [redacted] examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the	{A 078}		

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{A 078}	Continued From page 11 individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by	{A 078}		

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{A 078}	Continued From page 12 the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain evidence that an employee was free from [redacted] annually from a health care provideR for one employee (Staff A) of seven sampled employees. Furthermore, the facility failed to obtain a written statement that employees were free from communicable [redacted] from a health care provider within thirty days of employment for seven employees (Executive Director, Health and Wellness Director, and Staff A, B, C, D, and E) of seven sampled employees. Findings Included: A record review for the Executive Director, Health and Wellness Director, and Staff A, B, C, D, and E, conducted on [redacted], revealed that the Executive Director, Health and Wellness Director, and Staff A, B, C, D, and E's employee records did not contain a written statement that the employees were free from communicable [redacted] from a health care provider. Staff A did not have evidence from a healthcare provider that the employee was free from [redacted] annually and the last negative [redacted] screening was dated [redacted]. The Executive Director was hired on [redacted]. The Health and Wellness Director was hired on [redacted]. Staff A was hired on [redacted]. Staff B was hired on [redacted]. Staff C was hired on [redacted]. Staff D was hired on [redacted]. Staff E was hired on [redacted]. During an interview with the with the Executive Director and Associate Executive Director,	{A 078}		

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{A 078}	Continued From page 13 conducted on [redacted] at 02:49pm, The Executive Director and Associate Executive Director agreed that the employees did not have a free from communicable statement and that staff A did not have evidence of a free from statement. Class III	{A 078}		
{A 082} SS=D	59A-36.011(4) FAC Training - / (4) [redacted] (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees had a one-time education course on [redacted] / , (/) within thirty days of employment for two employees (Staff D and E) of six sampled employees. Findings Included: A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence of a one-time	{A 082}		

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	AL11910005	A. BUILDING: _____ B. WING _____	R-C 02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BAYSHORE	4902 BAYSHORE BLVD TAMPA, FL 33611

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{A 082}	Continued From page 14 education course on / within thirty days of employment. Staff D was hired on . A record review for Staff E, conducted on , revealed that Staff E's employee record did not contain evidence of a one-time education course on / within thirty days of employment. Staff E was hired on . During an interview with the Associate Executive Director, conducted on at 02:49pm, the Associated Director agreed that Staff D and E's employee records did not contain evidence that the staff obtained a one-time education course on / within thirty days of employment. Class III	{A 082}		
{CZ816}	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a national criminal history record check unless the person's , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the , of	{CZ816}		

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{CZ816}	Continued From page 15 such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and	{CZ816}		

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{CZ816}	Continued From page 16	{CZ816}		

employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.
(e) An administrator or chief financial officer must be screened and qualified prior to to the position.
(3) Results of Screening and Notification.
(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered

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{CZ816}	Continued From page 17 with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a signed affidavit or attestation of compliance for one employee (Staff D) of seven sampled employees. Findings Included: A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain a signed affidavit or attestation of compliance. Staff D was hired on . During an interview with the Associate Executive Director, conducted on at 02:49pm, the Associate Executive Director agreed that Staff D's employee record did not contain a signed affidavit or attestation of compliance signed by the employee. Unclassified	{CZ816}		