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 |
|---|---|---|---|
| | AL11965818 | A. BUILDING: _____ B. WING _____ | 02/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE LAKE MARY | 150 MIDDLE STREET LAKE MARY, FL 32746 |

| (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 |
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| A 000 | Initial Comments<br><br>The re-licensure survey and complaint #2022017286 were conducted on ... located at 150 Middle Street Lake Mary, Florida. The facility had a deficiency at the time of the visit. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule | A 025 | | |

AHCA Form 3020-0001

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

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| A 025 | Continued From page 1<br><br>59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on resident record review and interview, the facility failed to maintain written documentation of updates, significant changes, and any medical attention for 1 of 6 sampled resident (#6) as required.<br><br>Findings:<br><br>Resident #6's record review revealed an admission date of [redacted]. The last 1823 Health Assessment dated [redacted] listed medical history of [redacted], left [redacted], and high risk for [redacted]. He needs supervision with bathing, | A 025 | | |

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| A 025 | Continued From page 2<br><br>, and transferring. Independent with eating, ambulating, grooming and toileting. He can administer his own medications.<br><br>A facility note dated at 6:41 PM by Nurse G documented that resident #6 complained of intense lower towards his right , going down his corresponding . Resident #6 requested to go to the hospital. Family and doctor notified. Resident #6 transported to the hospital.<br><br>There was no documentation by the facility when resident #6 returned to the assisted living facility and no facility notes of progress of this hospital visit.<br><br>A facility note dated at 2:59 PM by Nurse F documented that resident #6 returned to the assisted living facility from the hospital due to lower . Resident #6 stated he underwent a and discovered blockages in three areas, has a follow up<br><br>There was no documentation by the facility when the resident went out to the hospital for this incident.<br><br>A facility note dated at 2:50 PM by Nurse E documented that resident #6 returned to the assisted living facility from surgery. He was ambulating with his walker and alert &oriented. He was in good spirits and had zero or discomfort.<br><br>There was no documented evidence when resident #6 went out to the hospital to have surgery.<br><br>A facility note dated 11/29/2022 at 12:46 PM by | A 025 | | |

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| A 025 | Continued From page 3<br><br>Health Wellness Director (HWD) documented that the rehabilitation transportation picked resident #6 up to admit him into rehabilitation for intensive , , , , .<br><br>There was no documentation if resident #6 was going to be inpatient rehabilitation or outpatient for , , , , .<br><br>A facility note dated revealed a new 1823 Health Assessment was completed and received but no documentation of reason and why this new 1823 Health Assessment was completed.<br><br>On at 3:35 PM, an interview with the Health Wellness Director could not explain the reason and confirmed did not have documentation to support the 1823 Health Assessment dated .<br><br>A facility note dated a on at 9:21 AM by Nurse F documented that resident #6 had an unwitnessed around 7:30 AM (earlier), resident #6's left ankle was but no observed. Resident #6 was in severe . He was sent out to the emergency room. The son and physician notified.<br><br>There was no documentation of the follow up result of this and no orders if surgery was required and will be going to rehabilitation.<br><br>A facility note dated at 10:56 AM by Nurse F documented that resident #6 returned to the assisted living facility yesterday ( ). Resident #6 was alert & oriented and had to wear orthopedic on the left . In addition, there was a new 1823 Health Assessment completed and received on . | A 025 | | |

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| A 025 | Continued From page 4<br><br>On at 4 PM, an interview with the Health Wellness Director confirmed the findings and stated that she agreed that the facility did not document well but moving forward every incident or event will be documented.<br><br>Class III | A 025 | | |