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
	AL11965390	A. BUILDING: _____ B. WING _____	06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	7199 GREENBORO DR WEST MELBOURNE, FL 32904

(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 Complaint investigations # #2023004675 and #2023006795were conducted at Brookdale West Melbourne 7199 Greenboro Drive Melbourne on . . . . . The facility had a deficiency at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (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. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	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 resident diets in accordance with Rule 59A-36.012, F.A.C. (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. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure safety and wellbeing of 3 out of 3 residents (#1, #2, #3) to prevent . . , some resulting in injury. Findings: In review and observation of the assisted living facility it revealed the entire facility is a memory care unit. 1. In a record review of resident#1' health assessment dated . . . . . , it revealed a medical history of	A 025		

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A 025	Continued From page 2 Presence of , , , , risk, assistance with medications and assistance with daily living to include with bathing, , self-care, total care with toileting and eating. In further review of the facility records for resident#1, it confirmed the following witnessed and unwitnessed : 7:15am unwitnessed , resident observed laying down on the floor next to his walker in a supine position. There is a lump noted on the of his . Resident sent out for , . 9:00am unwitnessed resident was observed sitting on the floor against the wall in the front lobby with bent up 911 called, resident incurred right , . staff witnessed in the hall resident tripped and . 2. In a record review of resident#2's health assessment dated , it revealed a medical history of of , not elsewhere classified. Unsteady Gait, hospice, precautions, assistance with medication, assistance with daily living to include bathing, , self-care, toileting, ambulation, eating and transferring. Resident expired on . Further review of the facility records for resident#2, it confirmed the following unwitnessed : unwitnessed resident observed on the ground in the courtyard yelling for help. Resident was observed leaning to her left side. called 911. given to left , area.	A 025		

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A 025	Continued From page 3 9:00am unwitnessed resident had slip and unsteady gait to . resident tripped over and on floor. 11:50 unwitnessed resident observed on floor on right side laying on right arm and bent to . 4pm Unwitnessed . Resident observed laying on floor in TV room. 10:52 am unwitnessed resident heard yelling for help resident observed sitting on floor in bedroom doorway covered in , to right . 5:35am unwitnessed resident noted lying on floor on left side. 1747 unwitnessed resident found lying on floor on left side. 3:30pm resident witnessed losing her balance and falling to the floor when getting off toilet, 2 knots observed to right side of forehead. 9:15am unwitnessed resident and hit on of floor. 5:50pm unwitnessed resident observed down near dining room, admitted to hospital. 8:05am unwitnessed resident found lying on next to bed this morning. unwitnessed resident was observed with knot to left side of forehead, 911 called. 3. In a record review of resident#3's health assessment dated , it revealed a medical history of History , II, High , Sleep , [illegible] assistance with medication, assistance with daily living for ambulation, , bathing, eating, self-care, toileting, transferring. Resident was admitted to the facility on and the family discharged the resident to another facility on	A 025		

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A 025	Continued From page 4 . . . . . . Further review of the facility records for resident#3 revealed the following : resident observed on the floor next to his bed at 5:45am resident had . . . . , non-displaced of right zygomatic arch, intraparenchymal . . . . . in left . . , ... 11:19am resident observed on floor . . . . noted. . . . . . 4:06pm resident observed on the floor. 2328 resident observed laying on floor on his . . . . . holding his wheelchair. resident observed sitting on floor. Resident hit his . . . when he . . . In an interview with the health and Wellness Director at 10:am on , she stated she was not sure of any intervention programs put in place for the residents if they are a risk. However, they do track the progress of the residents. She stated the staff doesn't document everything that might have done to prevent . . . In an interview on at 10:30am, she stated she is new and is not sure what the policy is, but the staff is aware of . risk residents and continue to monitor the status of the residents. There was no policy provided for review during the survey. She stated the management has discussed that care plans must be more detailed in the future and interventions must be applied. However, there was no explanation of the timeframe for implementation. In an interview on at 11:00am, she stated she does not know of any care plan for . She confirmed the facility is supposed to do	A 025		

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A 025	Continued From page 5 assessments every 3 months but apparently were not done on resident#1,2, or 3. She confirmed she is not familiar with any residents having a assessment being completed. In an interview on at 2pm with the administrator, she confirmed the above statements, and stated they are working on improving their documentation and care plans for risk residents. Class II	A 025		