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
	AL11964072	A. BUILDING: _____ B. WING _____	08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	7300 GREENBORO DRIVE MELBOURNE, FL 32904

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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: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 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, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 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. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 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 submit an adverse incident (AIRS) reports to the agency within the required timeframes for 1 of 2 residents (#1). Findings: In a review of the 1-day AIRS report submitted and the 15-day AIRS report submitted it revealed an unwitnessed regarding resident#1. The following report was submitted: Resident #1 current diagnosis is , , , age related . Resident at the time of the incident was found by staff A on the closet floor in her apartment on at 9:30pm. Paramedics were called, and the resident was transferred to a higher level of care. Resident incurred . In an interview with the administrator on at 11:am, she confirmed she did not know why the 1 day and 15-day adverse incident report was submitted to the agency a month later then the incident.	CZ821		

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CZ821	Continued From page 4 Unclassified	CZ821		
A 000	Initial Comments A complaint investigation #2023004675 was conducted on at Brookdale West, Melbourne. Deficiencies were found 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.	A 025		

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A 025	Continued From page 5 (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of 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 review and interviews the facility failed to provide care and services appropriate to meet the needs of residents to prevent . . and put in place proactive measures to reduce the number of . . for 1 of 3 residents (#1). Findings: Resident #1 was admitted to the facility on . Review of resident#1's health	A 025		

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A 025	Continued From page 6 assessment dated . . . . . revealed a medical history of , , L2 wedge . . . , , repeat , , , acute . . . , . . . , failure with hypoxic. In review of the facility notes confirmed the following unwitnessed and there was no documentation of interventions put in place or care plans to related to the resident . resident had a on her right side of . . . and right . , due to unwitnessed . on toilet and sink in her bathroom. . . . . . resident called for help and was observed sitting on her in front of her wheelchair, no injuries noted. 12:32 pm resident observed sitting on bathroom floor next to toilet, no discomfort. . 19:39 resident observed sitting on bathroom floor, large pool of . . . . in shower. Large on forehead and top of , 911 called. 10:42am resident slid out of her wheelchair next to her bed, no injuries. 18:13 resident observed in her closet stated she lost balance, denies , . . 10:53am Resident in her bathroom near toilet, , . right , . . 2:20pm Resident observed sitting on her bathroom floor by her toilet no apparent injuries. 9:30pm Caregiver observed resident on the closet floor in her apartment, 911 called. Investigation showed resident last seen in her wheelchair but was found in the closet away from her wheelchair. Resident incurred . . . to . . . . . C-7 and T-3. In an interview on at 10:30am with Staff A stated she has received prevention training	A 025		

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A 025	Continued From page 7 and she stated if a resident , we are not allowed to touch them just call the nurse. She stated there is enough staff to supervise the residents. She stated she does check every 2 hours on the residents and that is all she knows for prevention. In an interview on at 11:00am with Staff B stated he has received prevention training when he first started. He stated the nurse is always called first before 911. He stated he knows not to move the resident just report it to the nurse. He stated there is not enough caregivers and MedTech's on duty to watch all the residents. He stated he does not know what preventions are in place for risk residents. In an interview on at 12pm with the Director of nursing stated the staff receive prevention training when they are first hired. She stated the facility is implementing new programs for prevention and intervention. She stated resident #1 was found in the closet by staff when staff went to check on her and 911 was called immediately. She stated resident #1 was placed in memory care after that occurred. In an interview with the administrator on at 12:30pm she stated she was not working in this building when the incident occurred. She stated that was the previous management. She stated the facility is in the process of developing a prevention and intervention plan for all residents, but it is not completed at this time. The facility did not put in interventions in place for the resident who was assessed to have repeated with injuries. According to the current administration they do not currently have a policy or procedure in place.	A 025		

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A 025	Continued From page 8 Class II	A 025		