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
	AL11911906	A. BUILDING: _____ B. WING _____	05/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DEER CREEK SARASOTA	8450 MCINTOSH ROAD SARASOTA, FL 34238

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 4 (health and wellness director, staff B, C, and D) of 5 staff records reviewed, had the Level 2 Background screening employment status updated within 10 business days on the Agency's Background Screening Clearinghouse website pursuant to chapter 435.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 This has the potential for staff with disqualifying offenses to have access to adults. The findings included: 1. Record review found health and wellness director (HWD) was hired and was not included in the facility's clearing house roster. 2. Record review found staff B, caregiver, was hired . Review of the Agency's clearing house employee roster revealed staff B was added on the clearing house roster on . 3. Record review found staff C, practical nurse, was hired and was not included in the facility's clearing house roster. 4. Record review found staff D,caregiver, was hired and was not included in the facility's clearing house roster. 5. On at 1:30 p.m., the human resources staff member confirmed she was responsible for adding/removing staff from the facility's clearing house roster. She acknowledged the error. She said it was an oversight on her end and she will ensure to add/update staff immediately. Unclassified	CZ814		
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for	CZ830		

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CZ830	Continued From page 2 emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed.	CZ830		

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CZ830	Continued From page 3 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	CZ830		

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CZ830	Continued From page 4 failed to submit annually and maintain documentation of a current Comprehensive Emergency Management Plan (CEMP), approved by the local emergency management agency to ensure the safety and welfare of all residents. The findings include: On [redacted] the Administrator provided an Emergency Power Plan (EPP) with an approval letter dated [redacted]. The letter indicated the EPP must be included in the annual Comprehensive Emergency Management Plan (CEMP) submission as an annex/addendum. Review of the facility's CEMP showed it had been approved on [redacted], the letter further indicated the facility's CEMP plan is approved for 12 months from the date of the letter. On [redacted] at 9:56 a.m., the Administrator stated he has not submitted the CEMP. He confirmed currently the facility does not have an approved CEMP. Class III	CZ830		

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A 000	Initial Comments An unannounced relicensure survey with limited nursing services and emergency power plan monitoring survey was conducted on through ..... at Brookdale Deer Creek Sarasota, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies found at the time of the visit.	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011	A 081		

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A 081	Continued From page 1 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	A 081		

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A 081	Continued From page 2 training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the	A 081		

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A 081	Continued From page 3 implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview the facility failed to ensure 3 (staff A, B, and C) of 4 employee files reviewed had proper documentation of in-service training completed within 30 days of hiring as required. The findings included: 1. Record review found staff A (caregiver) was hired . . . . . Staff B (caregiver) was hired . Staff C (licensed practical nurse) was hired . . . . . Further review found certificates of completion for a 2 hour pre-service orientation for all 3 staff that was completed online. The certificates were titled "Pre-service orientation - Resident Rights and Facility License type & Services Offered - Florida Specific". The certificates were not signed by the administrator and the corresponding staff. Furthermore, there was no agenda attached to the in-service training the fact that the facility has a Limited Nursing Services (LNS) license and is a memory unit. 2. Staff A had a 1 hour elopement training completed online on . . . . . Staff B had a 1 hour online training in elopement dated . Staff C had a 1 hour online elopement training completed on . The certificates did not include name of instructor/credentials/location. There was no evidence that the training was tailored to facility's elopement policies and procedures. There was no evidence of staff	A 081		

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A 081	Continued From page 4 competency. 3. Record review for staff A found a 0.50 hour Control and Food Handling online training dated . Record review for staff B found a one hour in-service training for Control, Universal Precautions and Sanitation Procedures. The certificates did not include name of instructor/credentials/location. There was no evidence that the training was tailored to facility's control policies and procedures. 4. Record review for staff A found no evidence of 1 hour in-service training that covers Reporting Adverse Incidents, and Facility Emergency Procedures including chain-of-command and staff roles relating to emergency evacuation. Staff B completed a 1 hour in-service training on covering Major Adverse Incidents and Emergency Procedures. Under instructor title the certificate stated, "Chrome Book Video". The title was left blank and was signed by human resources personal. Staff C completed a 1 hour in-service training on covering Major Adverse Incidents and Emergency Procedures. Under instructor title the certificate stated, "Chrome Book Video". The title was left blank and was signed by human resources personal. 5. Staff A had only 25 minutes in-service training covering " " completed on . There was no other training for staff A Resident Rights; , Neglect, and , . Staff B had a 1 hour online training dated titled, " , Neglect and , and Resident Rights. Staff C had a 1 hour online training dated titled. " , Neglect, and , , and Resident Rights. Under instructor title the certificate stated, "Chrome Book Video". The title was left blank and	A 081		

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A 081	Continued From page 5 was signed by human resources personal. 6. Staff A lacked the 3 hours of in-service training that covers Activities of Daily Living and Behavioral Needs. Staff B completed the 3 hours online in-service training that covers Activities of Daily Living and Behavioral Needs on . . . . Under instructor title the certificate stated, "Chrome Book Video". The title was left blank and was signed by human resources personal. 7 Staff A had a 30 minutes Control and Food Handling online training dated . . . . . Regulatory requirement is 1 hour. Staff A was observed assisting with meals on . . . . . at 8:45 a.m. Staff B competed a 1 hour online training for Safe Food Handling dated . . . . . Staff C competed a 1 hour online training for Safe Food Handling dated . . . . . Under instructor title the certificates stated, "Chrome Book Video". The title was left blank and was signed by human resources personal. 8. On at 1:34 p.m., the human resources staff member said she was not the one providing the in-service trainings to staff. She said the new hired staff watch a video and she signs the form that they completed the training. She was not aware who the actual instructor was and if he/she was qualified to provide the training. 9. On at 3:00 p.m., the interim administrator confirmed the lack of the appropriate training. He said he will ensure all staff get proper in-service training that will meet regulatory requirements. Class III	A 081		

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A 082	Continued From page 6	A 082		
A 082 SS=D	59A-36.011(4) FAC Training - / . (4) . . . . . / . . . . . (/ .). 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 3 (staff A, B, and C) of 4 staff records reviewed, did not contain documentation of / training. The findings included: 1. Record review revealed staff A was hired as a caregiver on . . . . . Further review found no evidence of training. 2. Record review found staff B was hired as a caregiver on . . . . . and staff C was hired as a practical nurse on . Record review for staff B and C found a 1 hour in-service training documenting as instructor, "chrome book video". The title was left blank and signed by human resources personnel. 3. On at 1:34 p.m., a human resources staff member said she was not the one providing the training. She said the new hired staff watch a video and she signs the form that they completed the training. She was not aware who	A 082		

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A 082	Continued From page 7 the actual instructor was and if he/she was qualified to provide the training. 4. On at 3:00 p.m., the interim administrator confirmed the lack of the appropriate training. He said he will ensure all staff get proper in-service training that will meet regulatory requirements. Class III	A 082		
A 089 SS=D	429.178 FS /Other - Special Care 429.178 Special care for persons with or other related .- (1) A facility which advertises that it provides special care for persons with 's or other related . . . . . must meet the following standards of operation: (a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility's residents. (b) Offer activities specifically designed for persons who are ˙ ˙ ˙ . (c) Have a physical environment that provides for the safety and welfare of the facility's residents. (d) Employ staff who have completed the training and continuing education required in subsection (2). (2)(a) An individual who is employed by a facility that provides special care for residents who have or other related , and who has regular contact with such residents,	A 089		

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A 089	Continued From page 8 must complete up to 4 hours of initial -specific training developed or approved by the department. The training must be completed within 3 months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g). (b) A direct caregiver who is employed by a facility that provides special care for residents who have . . . . . or other related and provides direct care to such residents must complete the required initial training and 4 additional hours of training developed or approved by the department. The training must be completed within 9 months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g). (c) An individual who is employed by a facility that provides special care for residents with . . . . . or other related . . . . . , but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with . . . . . or other related . . . . . , within 3 months after beginning employment. (3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the -specific training developed or approved by the department, in which the caregiver has not received previous training. (4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion	A 089		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DEER CREEK SARASOTA	8450 MCINTOSH ROAD SARASOTA, FL 34238

(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 089	Continued From page 9 of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements. (5) The department, or its designee, shall approve the initial and continuing education courses and providers. (6) The department shall keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with 's or other related . (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs. (8) The department shall adopt rules to establish standards for trainers and training and to implement this section. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview the facility failed to ensure 2 (staff B and C) of 3 staff members reviewed that care for residents with or other related had a 4 hours initial in-service training on .	A 089		

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A 089	Continued From page 10 The findings included: 1. Record review for staff B (caregiver hired) and staff C (practical nurse hired 21/1/22) found no evidence of 4 hours initial -specific training. 2. On at 9:34 a.m., the interim administrator confirmed that as a memory care facility advertising it provides special care for persons with 's or other related it must meet the standards for operation including staff member receive required -specific training. At 11:00 a.m. the interim administrator reported the last specific training conducted by the facility was in , and that staff B and C had not received the training. Class III	A 089		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C.	A 090		

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A 090	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide evidence of properly conducted 1 hour in-service training within 30 days of employment that covers . . . . . (. . . .) for 3 (staff A, B, and C) out of 4 staff sampled. Findings included: 1. Record review for staff A (caregiver hired . . . . /22) found a 1 hour . training dated . Record review for staff B (caregiver hired . . . . .) found a 1 hour . . . training dated . Record review for staff C (licensed practical nurse hired . . .) found a 1 hour online training dated . The training certificates did not include instructor's name and credentials, signature, agenda, nor training location. There was no evidence that the training was tailored to the facility's policies and procedures. 2. On . . . . . at 3:00 p.m., the interim administrator acknowledged that documentation was an issue and could not verify the trainer's credentials. He said all trainings were completed online using a corporate approved software. He also said there were no listings of the agenda for any of the in-service trainings. He acknowledged the training provided was not tailored to facility's polices and procedures. Class III	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring	A 091		

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A 091	Continued From page 12 (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record reviewed and staff interview the facility failed to ensure that proper documentation of required training was included in personnel files for 3 (staff A, B, and C) out of 4 staff records reviewed. The findings included: Record review found staff A (caregiver) was hired . Staff B (caregiver) was hired .	A 091		

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A 091	Continued From page 13 Staff C (licensed practical nurse) was hired . The training records in the personnel folders for these three staff members lacked required documentation of, 1. Training program agenda, 2. Training location, and 3. Trainer's name, credentials or professional license, and signature. On ..... at 3:00 p.m., the interim administrator acknowledged that verification and document of approved training was an issue. The administrator said he could not verify the trainer's credentials. He said all trainings were completed online using a corporate approved software. He confirmed there were no copies of the agenda for any of the in-service trainings. Class III	A 091		