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
	AL11964663	A. BUILDING: _____ B. WING _____	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS LAKES PARK	14521 LAKEWOOD BLVD FORT MYERS, FL 33919

(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 An unannounced relicensure, limited nursing services, health facility reporting system, generator and visitation monitoring survey was conducted on [redacted] through [redacted] at Brookdale Fort Myers Lakes Park, an assisted living facility in Fort Myers, Florida. The following is a description of the deficiencies.	A 000		
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 individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

AHCA Form 3020-0001

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

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A 078	Continued From page 1 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 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 ensure that within 30 days of employment staff submit a written statement from	A 078		

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A 078	Continued From page 2 a health care provider documenting the individual is free from signs/symptoms of communicable [illegible] and evidence of freedom from [illegible] ( ), documented annually thereafter, for 2 (Staff C and D) of 4 employee records reviewed. The findings included: On [illegible] a review of Staff C's employee file revealed a hire date of [illegible] as a caregiver. Staff C's file contained documentation of a [illegible], performed on [illegible] which indicated the [illegible] silhouette is within normal limits. No radiographic evident consolidation, [illegible], or [illegible]. Further review of Staff C's file revealed documentation of an Associate Health Examination form signed by the Advanced Practicing Registered Nurse (APRN) with no date. Staff C's file contained no further evidence of free from communicable [illegible] statement annually thereafter. On [illegible] a review of staff D's employee file revealed a hire date of [illegible] as a caregiver. Staff D's file contained no documentation of a statement signed by the health care provider indicating Staff D was free form signs and symptoms of communicable [illegible]. On [illegible] at 9:48 a.m., the Business Office Director confirmed there was no documentation of freedom from communicable [illegible] on file for Staff C and the initial statement from the health care provider was not dated. On [illegible] at 10:35 a.m., the Business Office Director confirmed there was no documentation	A 078		

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A 078	Continued From page 3 of a statement signed by the healthcare provider indicating Staff D was free from signs and symptoms of communicable . . . . . on file as required within 30 days of hire. Class III	A 078		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff member who has completed a course in - . . . . . ( ) and First Aid and holds a	A 083		

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A 083	Continued From page 4 currently valid card is in the facility at all times for 7 (Administrator, Business office Director, Wellness Director, Staff A, B, C, and D) of 7 employees reviewed for and First Aid certification. The findings included: Record review for Staff A revealed a hire date of , Staff A's file contained documentation of certification completed on with an expiration date of . Record review for Staff B revealed a hire date of , Staff B's file contained documentation of certification completed on with an expiration date of . Further review revealed documentation of . The certificate was issued by American Life & Health Foundation, and the student had passed basic skills evaluation in accordance with the CPRandFirstAid.net. The certification was completed online which did not meet the regulations and is not valid for ALF. Record review for Staff C revealed a hire date of , Staff C's file contained documentation of certification completed on with an expiration date of . Staff D's employee file revealed a hire date of as a Med Tech. Staff D's file contained no documentation of a current, valid or First Aid card. Record review for Business Office Director revealed a hire date of . The Business Office Director's file contained documentation of certification completed on with an expiration date of . The Business Office	A 083		

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A 083	Continued From page 5 Director's file contained no documentation of a current, valid or First Aid card. Record review for the Health and Wellness Director (HWD) revealed a hire date of . HWD's file contained certification completed on through National Foundation, indicating the course was administered in accordance with the 2020 ECC/ILCOR and AHA guidelines, which did not meet the regulations and is not valid for ALF. HWD's file contained no documentation of a current, valid or First Aid card. Record review for the Administrator revealed a hire date of , the Administrator's file contained documentation of certification completed on . Further review revealed documentation training was completed online on which did not meet the regulations and is not valid for ALF. Administrator's file contained no documentation of a current, valid or First Aid card. On at 10:00 a.m., the Business Office Director confirmed there was only 1 staff member currently in the facility with valid /1st Aid certification. The Business Office Director acknowledged there were no other staff members with valid or First Aid cards and admits there would have been times the facility was staffed without someone present certified for and/or First Aid. Class III	A 083		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities	A 092		

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A 092	Continued From page 6 (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and facility policy, the facility failed to ensure food was prepared and served in a safe and sanitary manner to prevent cross contamination and food	A 092		

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A 092	Continued From page 7 bourne illness. The findings include: The facility policy titled, "Handwashing/ Hygiene", effective stated regular washing and hygiene is the primary means to prevent the spread of . The facility provided a document titled "CDC.Gov/handwashing", which indicated handwashing should be done before, during and after preparing food. On at 12:00 p.m., the kitchen manager was observed during meal preparation for lunch. He was wearing gloves and was not observed to wash his , change gloves or perform hygiene. On at 12:27 p.m., While wearing the same gloves, the kitchen manager was observed to remove whipped cream from the refrigerator. He wrote on the menu tickets with a pen from his pocket, touched the sloppy joe buns with the same gloved and placed it in a disposable container for the resident in . The kitchen manager did not change the gloves, perform hygiene, or wash his . On at 12:31 p.m., while wearing the same gloves the kitchen manager was observed putting cake on the resident's plates by , wearing the same gloves. On at 12:38 p.m., the kitchen manager completed lunch service, removed gloves, and placed them in the garbage. He did not wash his or perform hygiene. On at 12:40 p.m., Kitchen manager	A 092		

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A 092	Continued From page 8 stated "Every time we serve, we wear gloves. I didn't change them after wiping the counters with the sanitizer towel. I did do that; I didn't realize it. I should have changed them after taking the towel out of the sanitizer bucket. That was my bad". On . . . . at 12:43 p.m., The ED stated when the kitchen manager is serving food, he would be required to change his gloves once he sanitizes any area with the towel from the sanitizer pail. He should have removed his gloves and washed his prior to replacing the gloves and continuing food service.	A 092		

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CZ814 SS=C	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 3 (Staff B, C and D) of 4 staff records reviewed, had Level 2 Background screening employment status updated within 5 business days on the Agency's Background Screening Clearinghouse website pursuant to chapter 435. This has the potential for staff with	CZ814		

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CZ814	Continued From page 1 disqualifying offenses to have access to adults. The findings included: Record review of Staff B's employee file revealed a hire date of [redacted] as a medication technician (Med Tech). Review of the Agency's clearinghouse employee roster revealed Staff B was added on the clearing house roster on [redacted], 111 days after hire. Record review of Staff C's employee file revealed a hire date of [redacted] as a medication technician (Med Tech). Review of the Agency's clearinghouse employee roster revealed Staff C was added on the clearing house roster on [redacted], 105 days after hire. Record review of Staff D's employee file revealed a hire date of [redacted] as a medication technician (Med Tech). Review of the Agency's clearinghouse employee roster revealed Staff D was added on the clearing house roster on [redacted], 48 days after hire. On [redacted] at 10:35 a.m., the Business Office Director acknowledged the Background Screening Clearinghouse roster was not updated as required. Unclassified	CZ814		
CZ830 SS=C	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes	CZ830		

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CZ830	Continued From page 2 and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for 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:	CZ830		

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CZ830	Continued From page 3 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 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.	CZ830		

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CZ830	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility 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: Review of the facility's CEMP showed it had been approved on , , the letter further indicated the facility's CEMP plan is approved through . The letter further indicated a copy of the plan should be provided to the County Emergency Management office before , each year for review. On at 9:10 a.m., the Administrator stated the facility does not have an approved CEMP due to the facility awaiting its fire inspection. Review of a letter from the local county Emergency Management agency dated , , states the facility CEMP submitted does not currently meet the Emergency Management criteria requirements set forth by the Agency for Health Care Administration and cannot be approved, the letter also indicated for the facility was to provide the corrected plan within 30 days. On at 11:15 a.m., the Administrator confirmed she has not resubmitted the plan and the 30 days has expired, and the facility has no current approved CEMP. Unclassified	CZ830		

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(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