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
	AL11964312	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHT HORIZONS OF CORAL SPRINGS, INC	8664 NW 1ST STREET CORAL SPRINGS, FL 33071

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A 000	Initial Comments An unannounced Relicensure, Complaint (#2023009275) and Generator Monitoring survey was conducted on at Bright Horizons of Coral Springs, Inc. The facility had deficiencies identified related to the Relicensure and Complaint (#2023009275) at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the changes in treatment and conditions were addressed for 1 of 6 sampled residents on the Resident Health Assessment (AHCA Form 1823) documenting the resident's significant change in health status (Resident #1). The findings included: Review of Resident #1's record revealed she was admitted to the facility on with diagnoses to include and . Further review of the resident's record revealed she was admitted to Hospice services on . Review of the most current Resident Health Assessment (AHCA Form 1823) available dated , did not include Resident #1 was admitted to Hospice services on or what the significant change in health status was to warrant a Hospice admission. On at 4:00PM, during an interview conducted with the Administrator, she confirmed Resident #1 had been admitted to Hospice services on and the Resident Health Assessment (AHCA Form 1823) dated did not reflect the significant change in Resident #1's health status. Class III	A 010		

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A 078	Continued From page 5	A 078		
A 078	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 . 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 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 testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care 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	A 078		

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A 078	Continued From page 6 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 all staff provide annual documentation of freedom from . . . . . ( ) for 2 of 6 sampled staff (Staff A and Staff C). The findings included: Review of the employee record for Manager Staff A revealed a date of hire of . . . . . and who works the 9:00 AM to 6:00 PM shift. Further review of the employee record revealed the last examination available for review was dated	A 078		

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A 078	Continued From page 7 . . . . . . Review of the employee record for Home Health Aide Staff C revealed a date of hire of to provide direct resident care on the 7:00 AM to 7:00 PM shift Sunday and Monday and 7:00 AM to 7:00 AM shift on Tuesday and Wednesday. Further review of the employee record revealed the last . examination available for review was dated . During an interview conducted with the Administrator on . . . . . at 4:00 PM, she acknowledged the findings. Class III	A 078		
A 083	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	A 083		

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A 083	Continued From page 8 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 6 of 6 sampled staff had the mandatory current First Aid training certification available for review in their employee records, (Administrator, Staff A, Staff B, Staff C, Staff D and Staff E). The findings included: A review of the employee record for the Administrator revealed a date of hire of to work flexible hours. Further review of the employee record revealed the Administrator's First Aid certification training expired on . A review of the employee record for Manager Staff A revealed a date of hire of to work 9:00 AM to 6:00 PM. Further review of the employee record revealed Manager Staff A's First Aid certification training expired on . A review of the employee record for Home Health Aide (HHA) Staff B revealed a date of hire of to work 7:00 AM to 7:00 AM Sunday and Thursday. Further review of the employee record revealed HHA Staff B's First Aid certification training expired on . A review of the employee record for HHA Staff C revealed a date of hire of to work 7:00 AM to 7:00 PM Sunday and Monday and 7:00 AM to 7:00 AM Tuesday and Wednesday. Further review of the employee record revealed HHA Staff C's First Aid certification training expired on	A 083		

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A 083	Continued From page 9 . . . . . . A review of the employee record for HHA Staff D revealed a date of hire of to work 7:00 AM to 7:00 PM Thursday and Sunday. Further review of the employee record revealed HHA Staff D had no First Aid certification training documentation available for review in the employee record. A review of the employee record for HHA Staff E revealed a date of hire of to work 7:00 AM to 7:00 AM Thursday and Sunday. Further review of the employee record revealed HHA Staff E's First Aid certification training expired on . . During an interview conducted with the Administrator on . . . . . at 4:00 PM, she acknowledged the findings. Class III	A 083		
A 165	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For	A 165		

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A 165	Continued From page 10 purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or must be	A 165		

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A 165	Continued From page 11 reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to submit a preliminary Adverse Incident	A 165		

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A 165	Continued From page 12 Report within 1 business day to the Agency for Health Care Administration (AHCA) after a reportable incident was identified for 1 of 1 sampled residents (Resident #7). The findings included: Review of Resident #7's Resident Health Assessment (AHCA Form 1823) dated revealed that Resident #7 was admitted on and has a medical history of , , and Status is documented as forgetful at times. Under Special Precautions is documented - Safety Precautions. On at 11:30 AM, an interview was conducted with the Administrator who stated Resident #7 after leaving the dinner table on . She stated staff observed no and the resident reported she felt fine. It was not until the next day on that was observed. The physician was notified and ordered an . The physician called later with the results and stated Resident #7 had a left , and to send her to the hospital for further evaluation. The Administrator provided a copy of the facility internal Incident Report. A request was made to review the Adverse Incident Report sent to AHCA when they discovered Resident #7 sustained a left , . It was relayed by the Administrator no Adverse Incident Report was completed which would have detailed the events of the incident and any investigation or corrective actions put in place to prevent future . On at 12:45 PM, in an interview conducted with Manager Staff A, she reiterated that Resident #7 was having dinner and at	A 165		

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A 165	Continued From page 13 approximately 6:00 PM she got up from the table and . Manager Staff A stated Resident #7 was ambulatory and did not require any assistive devices. She stated the staff helped her up, asked if she was alright and the resident stated she was. It was the next day the resident started to complain of , , at which time the Administrator notified the physician who ordered an . She stated the physician called later and informed the staff the resident had a , and he advised to send her to the hospital immediately which they did. An internal incident report was completed however an Adverse Incident Report was not sent to the state. On at 4:00 PM, during an interview conducted with the Administrator, she acknowledged the finding and no additional documentation was provided for review. Class III	A 165		