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
	AL11965283	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE VERO BEACH SOUTH	420 4TH COURT VERO BEACH, FL 32962

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A 000	Initial Comments An unannounced Relicensure with Limited Nursing Services (LNS), Complaint (# 2022014067) and Generator Monitoring survey were conducted at Brookdale Vero Beach South on . The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide prevention interventions as needed for 2 out of 3 sampled residents (Residents #1 and Resident #5). The findings included: 1. On , Resident #1 was observed with above her right , and on her right . At 10:15 AM, the resident stated during an interview that she did not remember how these were sustained. Review of the Resident's Health Assessment (AHCA Form 1823) dated notes the resident has diagnoses including and , is "unable to see, difficult to get around" and requires special precautions. Review of the resident's incident reports	A 028		

AHCA Form 3020-0001

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

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A 028	Continued From page 1 completed by the facility after each shows the following assessments: a. 6:30 AM Unwitnessed in resident's bathroom with no injuries. No follow up entries exist. b. 4:25 AM Unwitnessed in resident's bathroom with no injuries. No follow up entries exist. c. 12:00 AM Unwitnessed in bedroom, bedside with no injuries. Follow up information documented "continue to monitor during shift". During an interview conducted with Caregiver Staff E on at 10:10 AM, she stated that the resident is toileted every 2 hours and that the resident is able to voice when she needs to use the bathroom. She was observed showing the resident how to use the call bell to request assistance, but the resident stated at the time that she did not remember what the call bell was or what it was used for. During an interview conducted with Caregiver Staff C on at 1:45 PM, she stated that the resident is "constantly trying to get up to use the bathroom during the night". During an interview conducted with the Director of Wellness on at 12:55 PM, she stated that the resident had a that was removed, and was receiving that assisted with toileting. Review of the resident's Personal Service Plan notes that the resident requires bathroom assistance "as needed during the night...requests assist to bathroom often with urgency...crawls out of bed at times for bathroom in the night". The facility's Prevention and Management	A 028		

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A 028	Continued From page 2 Policy and Procedure, last revised , notes "additional considerations for interventions" as "schedule a toileting plan for residents with ; toilet resident immediately prior to bedtime; more frequent night time checks". Based on the incident reports and interviews with staff, appropriate interventions such as toileting right before bedtime, a bedside commode, an electronic sound monitor to hear the resident call for assistance, a toileting schedule or added toileting assistance and more frequent checks were not initiated or documented as interventions for this resident's prevention. 2. On , the record for Resident #5 was reviewed for prevention. Review of the resident's incident reports completed by the facility after each shows the following assessments: a. 6:45 AM Unwitnessed in resident's room, bedside with no injuries. No follow up entries exist. b. 1:55 AM Unwitnessed in resident's room with no injuries. No follow up entries exist. c. 3:45 AM Unwitnessed in resident's room with no injuries. d. 12:42 AM Unwitnessed in resident's room with resident sustaining a { }. Determination on Adverse Incident Report notes that resident was last "checked for at 11:30 PM", then got up for an unknown reason afterwards and . e. 6:30 AM Unwitnessed in resident's room with no injury. No follow up entries exist. The facility's Prevention and Management	A 028		

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A 028	Continued From page 3 Policy and Procedure, last revised . . . . . , notes "additional considerations for interventions" as "schedule a toileting plan for residents with ; toilet resident immediately prior to bedtime; more frequent night time checks". Based on the incident reports, appropriate interventions such as toileting right before bedtime, a bedside commode, an electronic sound monitor to hear the resident call for assistance, a toileting schedule or added toileting assistance (rather than checking for) and more frequent checks were not initiated or documented as interventions for this resident's prevention. The Administrator was notified of these findings at 2:30 PM on . . . . . The facility provided no additional information for review at the time of the survey. Class III	A 028		
A 086	59A-36.011(10) FAC Training - ADRD (10) . . . . . AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4	A 086		

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A 086	Continued From page 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents,	A 086		

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A 086	Continued From page 5 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related . . . . . ," dated . . . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a	A 086		

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A 086	Continued From page 6 program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff C), who provides direct care to residents with ADRD (and Related) in this secured facility, had obtained 4 hours of annual update training in ADRD. The findings included: The personnel file for Caregiver Staff C was reviewed for training in ADRD and did not contain documentation of 4 hours of annual training in ADRD. Caregiver Staff C was hired on . During an interview conducted with the Administrator on at 1:45 PM, she stated that the last training completed by this employee was in 2021. Review of the employee's personnel file shows the last training completed in ADRD was dated . The facility provided no additional documentation for review at this time.	A 086		

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A 086	Continued From page 7 Class III	A 086		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (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 review and an interview, the facility failed to ensure 2 out of 3 sampled staff (Staff A and Staff B) had certificates of completed Preservice Orientation signed by the employees	A 091		

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A 091	Continued From page 8 prior to the employees interacting with residents. The findings included: a. During review of the personnel file for Caregiver Staff A revealed a date of hire to work the 7:00 AM to 3:00 PM shift. The personnel file revealed a certificate showing completion of Preservice Orientation dated , almost 3 months after the date of hire. Additionally, the certificate did not have the employee's signature on it. b. During review of the personnel file for Caregiver Staff B revealed a date of hire to work all shifts. The personnel file revealed a certificate showing completion of Preservice Orientation dated , over a month after the date of hire. Additionally, the certificate did not have the employee's signature on it. The Administrator was notified of these findings at 2:00 PM on . The facility provided no additional documentation for review at this time. Class	A 091		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and	A 093		

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A 093	Continued From page 9 Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1	A 093		

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A 093	Continued From page 10 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents,	A 093		

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A 093	Continued From page 11 including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to: 1) Produce an annual menu which had been reviewed and signed by either a registered dietitian or licensed nutritionist to ensure the meals meet the nutritional standards established by current USDA Dietary Guidelines for Americans, 2020-2025; 2) Produce a menu that was dated and planned at least 1 week in advance for both regular and therapeutic diets; and 3) Post the planned weekly menu in a conspicuous spot or easily available to residents. The findings included: During the observational tour and dining observation on , no posting of the planned weekly menu was found in a conspicuous spot which was available to residents. On at 12:00 PM, an inquiry was made from a male dietary staff member working in the	A 093		

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A 093	Continued From page 12 dining room as to where the weekly menu could be located or obtained. He stated that there were no weekly menus available at this time, only a daily menu. During an interview conducted with the Administrator on [redacted] at approximately 2:15 PM, she stated that they had hired a new Food Service Director, but this new Food Service Director had not yet been able to access the approved weekly menus, so the signed, approved weekly menus could not be provided or posted at this time. Class	A 093		