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
	AL11964069	A. BUILDING: _____ B. WING _____	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MANDARIN	10790 OLD ST RD JACKSONVILLE, FL 32257

(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 A complaint investigation (complaint number #2023015615) was conducted at Brookdale Mandarin on . Deficient practice was identified at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28(.) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . , , ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . , ... , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safe safety of the resident. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to establish a system to ensure residents received adequate and appropriate healthcare in the event they experience [illegible] or [illegible]. Staff failed to perform [illegible] ( ) on a resident who had not executed a [illegible] ( ). 80 of the 114 residents who had not executed a [illegible] were at risk should they require [illegible] from certified staff. Additionally, three of three records reviewed for	A 030		

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A 030	Continued From page 6 accuracy of documentation contained incomplete forms, rendering them invalid (Residents #5, #6, and #2). The findings include: Record review revealed the facility's ( ) Policy RR-6 (last revised) stated residents had the right to make choices about their care. The policy explained that the facility would presume a resident or his/her responsible party consented to unless a documented was in the medical record. The facility's Policy (RR-7) effective (last revised) was in place to "review the steps and corresponding related documents/manuals that should be initiated if a resident goes into and/or , ." This policy defined as an emergency lifesaving procedure performed when a person stops breathing or the stops beating. The policy mandated that an associate certified in ( ) would perform . An associate not certified in would perform -Only if instructed by the 911 operator while waiting for a certified associate(s) or Emergency First Responder(s)." Photographic evidence obtained. Residents #5 and #6 were interviewed together on at 1:49pm. They were unsure what a was or what their documented code status was. Resident #5's showed a signature on the physician's line dated . There was no	A 030		

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A 030	Continued From page 7 resident signature; the line for the resident or his representative to sign was blank. Photographic evidence obtained. A form for Resident #6 only had a signature on the line for the physician. Instead of a physician signing this form, an Advanced Practice Registered Nurse (APRN) had signed it on . Photographic evidence obtained. Resident #2 was interviewed at 2:00pm on with a family member present. Resident #2's family member explained he had executed a and the information had been provided to the facility upon move in. Resident #2's file showed his "Resident Information/Emergency Contact Sheet" was signed by his family member on . Page two explained he had executed a . Review of the showed that neither he nor his family member signed it. The only signature was located on the physician's signature line. It was not signed by a physician; it was signed by an APRN. Photographic evidence obtained. Resident #1's record revealed he was admitted into the facility on . His diagnoses included , , and major , . His "Resident Information/Emergency Contact Sheet" was signed filled in on but not signed. Page two did not list any advanced directives or direct the reader he wished to execute a . Photographic evidence obtained. During an interview on at 2:35pm, Employee A, an unlicensed Medication Technician, was asked what she would do if she found a resident unresponsive. She responded, "I	A 030		

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A 030	Continued From page 8 would call for help, call 911, and initiate ." She explained if a form was found, she would then stop. She explained Resident #1 was fully independent. She stated that on , as she was finishing her medication pass around 8:00 pm, Resident #1's girlfriend motioned her into his room. There she observed Resident #1 naked and pale. She stated she did not touch the resident; she panicked and called out on the walkie talkie for help and called 911. She added, "My mind went blank, and I did not do , but the resident looked like he had awhile ago." She further explained that the Receptionist arrived but she was not observed initiating either. Employee A said she left the room after Emergency Medical Services ( ) arrived at around 8:10 pm. pronounced Resident #1 at approximately 8:20 pm. She confirmed that she was certified at the time of the incident, but she had not experienced an incident such as this before so she panicked and did not know what to do. She received the training in the facility and was aware of the expectation for her to perform when applicable. When asked if she had received training/reeducation after the incident with Resident #1, she stated, "No". She added, "I hope I don't experience that again." Record review revealed Employee A was issued Basic Life Support (and) certification on with a renew by date of . She was educated in the facility's policy on . Photographic evidence obtained. During an interview conducted on at 3:22pm with the Administrator, she stated that Resident #1 was found unresponsive by the resident's girlfriend. She confirmed that neither	A 030		

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A 030	Continued From page 9 Employee A or the Receptionist initiated . . should have been started, because he was full code. She added Resident #1 was . . . to the touch and that when arrived, they did not initiate . She was then asked the facility's actions following the events with Resident #1. She replied that training was conducted on the facility's / policy, and an investigation was still ongoing at the time of the survey. A phone interview was conducted on . . . . . 3:50 pm with the Receptionist, an unlicensed staff member. She stated that when Employee A called for assistance, so she knew something was wrong. Upon entering the room, Resident# 1 was described as "unresponsive, with no clothes on, and pillow on his . , ." The Receptionist placed a over Resident #1's and he was to touch, pale, and his . , . . were wide open, therefore she "knew that the resident had passed" and did not initiate . . She said . . arrived shortly after and she walked out of the room with the other resident. She confirmed that she was certified at the time of the incident. She said she had not received any training after the incident. A review of the Receptionist's certification showed it was given on . . . . . and good until . Photographic evidence obtained. In an interview on . . . . . at 4:45 pm, the Business Office Manager (BOM) confirmed that the facility had not conducted education/ training after the incident. She added the education was scheduled to be provided but the two nurses that were to provide the training were suspended, therefore it had not been completed.	A 030		

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A 030	Continued From page 10 A telephone interview was conducted with the Administrator on at 2:18 pm. She was asked about the missing signatures on the form for Residents #2, #5, and #6. She stated without a resident or representative signing the form, the reader wouldn't know if the was really their wish. The APRN's signature on the physician's signature line for Residents #2 and #6 was also discussed. She agreed to review the 's. On at 3:33 pm, in a telephonic interview, the Administrator confirmed the 's for Resident #2, #5, and #6 were missing the required resident/representative signatures and that Resident #2 and #6's 's were missing physician signatures. CLASS II	A 030		