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
	AL11964525	A. BUILDING: _____ B. WING _____	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CENTRE POINTE BOULEVARD	1980 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

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A 000	Initial Comments An unannounced biennial relicensure survey, including a review of the limited nursing services, a generator assessment, a review of the Comprehensive Emergency Management Plan, and a review of the visitation policy, was conducted at Brookdale Centre Pointe Boulevard, an assisted living facility in Tallahassee, FL, on [redacted] - [redacted]. A complaint investigation for complaint #2023015307 was performed concurrent to this survey. At the time of the survey, there were areas of concern identified.	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	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 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 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:	A 078		

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A 078	Continued From page 2 Based on record review and interview, the facility failed to ensure that an annual documentation of a negative . . . . . (an . . . . . that most often affects the _) examination was completed for 3 of 4 sampled staff. (Staff A, B, and C) The findings include: A record review of personnel records for Staff A, a Licensed Practical Nurse (LPN), revealed a hire date of . The record review further revealed there was no documentation of a examination on file for Staff A. A record review of personnel records for Staff B, a Caregiver. revealed a hire date of . The record review further revealed there was no documentation of a . . . . . examination on file for Staff B. A record review of personnel records for Staff C, a Cook and Caregiver, revealed a hire date of . The record review further revealed that the most recent . . . . . exam was dated . On at approximately 3:00 PM, an interview was conducted with the Executive Director, who confirmed Staff A, B, and C did not have documentation of a negative . . . . . examination. She stated that the facility's Health and Wellness Director, Executive Director, and Business Office Coordinator are responsible for ensuring staff receive a . . . . . examination annually. Class III	A 078		

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A 086	Continued From page 3	A 086		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) [illegible] 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 hours of initial training within 3 months of employment. Completion of the core training program between [illegible] and [illegible] 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 "[illegible] and Related Level I Training," must address the following subject areas: 1. Understanding [illegible]'s and related [illegible]; 2. Characteristics of [illegible]; 3. Communicating with residents with [illegible]'s [illegible]; 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 [illegible] and Related	A 086		

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A 086	Continued From page 4 . . . . . 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, 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	A 086		

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A 086	Continued From page 5 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 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, a review of the facility's website, and interview, the facility failed to ensure staff met the training requirements for 's and Related (ADRD) for 3 of 4 sampled staff. (Staff A, B, and C) The findings include:	A 086		

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A 086	Continued From page 6 A record review of personnel records for Staff A, a Licensed Practical Nurse (LPN), revealed a hire date of . The record review further revealed there was no documentation of completion of ADRD Level II training for Staff A. A record review of personnel records for Staff B, a Caregiver, revealed a hire date of . . . . . The record review further revealed there was no documentation of completion of ADRD Level I or Level II training for Staff B. A record review of personnel records for Staff C ,a Caregiver, revealed a hire date of . . . . . The record review further revealed there was no documentation of completion of ADRD Level I or Level II training for Staff C. On , a review of the facility's website stated that the facility is an . . . . . 's and care community. On at approximately 3:00 PM, an interview was conducted with the Executive Director (ED), who confirmed Staff A, B, and C did not have documentation of completion of the required ADRD training. She stated the Executive Director and the Business Office Coordinator are responsible for ensuring staff complete ADRD training. She further stated the Executive Director, Business Office Coordinator, and the Health and Wellness Director are now auditing files and working to get staff in compliance. Class III	A 086		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff	A 161		

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A 161	Continued From page 7 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

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A 161	Continued From page 8 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel records for each staff member contained a copy of the employment application for 2 of 4 sampled staff. (Staff A and B) The findings include: A record review of personnel records for Staff A, a Licensed Practical Nurse (LPN), revealed a hire date of . The record review further revealed there was no employment application on file for Staff A. A record review of personnel records for Staff B, a Caregiver, revealed a hire date of . The record review further revealed there was no employment application on file for Staff B. On at approximately 3:00 PM, an interview was conducted with the Executive Director, who confirmed Staff A and Staff B did not have an employment application in their personnel files. She stated the Business Office	A 161		

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A 161	Continued From page 9 Coordinator is responsible for maintaining the employee files and audits are in progress to ensure personnel files are in compliance. Class III	A 161		