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
	AL11964477	A. BUILDING: _____ B. WING _____	07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORT CHARLOTTE	18440 COCHRAN BLVD PORT CHARLOTTE, FL 33952

(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
CZ814	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: 1. A person 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. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; 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 1 (Staff C) of 3 staff records reviewed, had the Level 2 background screening employment status updated within 5 days on the Agency for Healthcare of administration (AHCA) Background screening clearinghouse website pursuant to Chapter 435 Florida Statutes. This had the potential for staff with disqualifying offenses to have access to adults. The findings included: Record review of Staff C's employee file revealed a hire date of as a Nursing Assistant/Patient Aid. Staff C was not added to the facility Clearinghouse Roster until , 15 days after hire. On at 1:58 p.m., during an interview, the Administrator acknowledged Staff C was not	CZ814		

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CZ814	Continued From page 2 added to the facility Background Screening Clearinghouse Roster within the 5 days as required. Unclassified .	CZ814		
A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan monitoring, health facility reporting system, and visitation form was conducted on at Brookdale, an assisted living facility in Port Charlotte Florida. The following is a description of the deficiencies. .	A 000		
A 010 SS=D	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 010		

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A 010	Continued From page 3 (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 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	A 010		

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A 010	Continued From page 4 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 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	A 010		

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A 010	Continued From page 5	A 010		

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,
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

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A 010	Continued From page 6 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. (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 obtain a new Health Assessment Form 1823 after 3 years as is required for 1 (Resident #7) out of 2 records reviewed for continued residency to the facility. The findings included: Record review for Resident #7 revealed she was admitted to facility on . Further review found a Health Assessment Form 1823 dated . There was no further documentation of evidence of a Health Assessment Form 1823 in Resident #7's record after 3 years ( ) as required per regulations. On at 12:05 p.m., during an interview, the Director of Nursing (DON) stated, "I know the 1823 for Resident #7 has expired." The DON confirmed the Health Assessment Form 1823 for Resident # 7 had expired and a new one was needed. Class III	A 010		

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A 010	Continued From page 7 .	A 010		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

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A 052	Continued From page 8 (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered	A 052		

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A 052	Continued From page 9 administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	A 052		

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A 052	Continued From page 10 medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 5 (Residents #7, #8, #9, #10, and #11) of 5 medications observations. The findings included: Record review of the Policy: Brookdale Senior Living Medications and Treatment - Assistance	A 052		

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A 052	Continued From page 11 with Self-Administration of Medications - FL-18 Category/Sub-function: Clinical Services. Effective date . . . . . ., last revised . . . ., "Policy Overview: Properly trained and or licensed associates may administer or assist the resident with receiving medication and treatments per physician/primary healthcare provider order and as per state regulations. This includes over the counter (OTC) medications as well as prescription drugs. The 7 rights of medication administration and adherence to appropriate . . . . . control principles are considered acceptable nursing practice standard for safe administration. Policy Detail: Associates assisting residents with medications should: 1. Wash . . . . and follow . . . . Control polices. . . . 6. Prepare for assisting the resident by doing the following: . . . c. Obtain all the medication packages for the specified medication time. . . . 8. In the presence of the resident, read the label and explain the purpose of each medication. . . . 13. Return unused medication to the proper storage area. 14. Wash . . . ." 1. Record review for Resident #10 revealed documentation of a Health Assessment Form 1823 signed and dated . . . . by the healthcare provider, indicated Resident #10 needs assistance with self-administration of medications. On . . . . at 7:50 a.m., Licensed Practical Nurse (LPN) Staff A was observed assisting Resident #10 with medications. Staff A unlocked the medication cart stored in the nurse's station, removed the medication cards from the cart, pulled up Resident #10's profile on the computer	A 052		

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A 052	Continued From page 12 and compared the medications to the profile, no hygiene was performed. Staff A popped the pills into her bare one at a time and placed the medication into a souffle cup on the top of the medication cart. Staff A did not inform Resident #10 what medications she was given, and no hygiene was performed. Staff A took wipes and wiped Resident #10's opened the and dialed pen to the unit of medication and plunged the into area on Resident #10's . Staff A did not inform Resident #10 what medication was given and no hygiene was performed. Staff A continued to the next resident for medications. 2. Record review for Resident #11 revealed documentation of a Health Assessment Form 1823 signed and dated by the healthcare provider, indicated Resident #11 needs assistance with self-administration of medications On at 8:00 a.m., LPN Staff A was observed assisting Resident #11 with medications. Staff A unlocked the medication cart stored in the nurse's station, removed the medications cards from the cart, pulled up Resident #11's profile on the computer and compared the medications to the profile, no hygiene was performed. Staff A popped the pills into her bare one at a time and placed the medication into a souffle cup on the top of the medication cart. Staff A did not inform Resident #11 what medications he was given, and no hygiene was performed after the last resident and prior to assisting Resident #11 with his medications. Staff A opened the bottle of , pulled Resident #11's down with her bare and placed into each for Resident #11 giving him a tissue to wipe his . No hygiene was performed. Staff A continued to the next resident	A 052		

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A 052	Continued From page 13 for medications. 3. Record review for Resident # 9 revealed documentation of a Health Assessment Form 1823 signed and dated . . . . by the healthcare provider, indicated Resident #9 needs assistance with self-administration of medications. On . . . . at 8:05 a.m., LPN Staff A was observed assisting Resident #9 with medications. Staff A unlocked the medication cart stored in the nurse's station, removed the medication cards from the cart, pulled up Resident #9's profile on the computer and compared the medications to the profile, no . . hygiene was performed. Staff A popped the pills into her bare . . one at a time and placed the medication into a souffle cup on the top of the medication cart. Staff A did not inform Resident #9 what medications she was given, and no . . hygiene was performed after the last resident and prior to assisting Resident #9 with her medications. 4. Record review for Resident #8 revealed documentation of a Health Assessment Form 1823 signed and dated . . . . by the healthcare provider, indicated Resident #8 needs assistance with self-administration of medications. On . . . . at 8:50 a.m., LPN Staff A was observed assisting Resident #8 with medications. Staff A unlocked the medication cart stored in the nurse's station, removed the medication cards from the cart, pulled up Resident #8's profile on the computer and compared the medications to the profile, no . . hygiene was performed. Staff A popped the pills into her bare . . one at a time and placed the medication into a souffle cup on the top of the medication cart. Staff A did not inform Resident #8 what medications he was	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964477	A. BUILDING: _____ B. WING _____	07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORT CHARLOTTE	18440 COCHRAN BLVD PORT CHARLOTTE, FL 33952

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A 052	Continued From page 14 given, and no hygiene was performed after the last resident and prior to assisting Resident #8 with his medications. 5. Record review for Resident #7 revealed documentation of a Health Assessment Form 1823 signed and dated by the healthcare provider, indicated Resident #7 needs assistance with self-administration of medications. On at 8:57 a.m., LPN Staff A was observed assisting Resident #7 with medications. Staff A unlocked the medication cart stored in the nurse's station, removed the medication cards from the cart, pulled up Resident #7's profile on the computer and compared the medications to the profile, no hygiene was performed. Staff A popped the pills into her bare one at a time and placed the medication into a souffle cup on the top of the medication cart. Staff A did not inform Resident #7 what medications she was given, and no hygiene was performed after the last resident and prior to assisting Resident #7 with her medications. On at 1:50 p.m., during an interview, the Administrator said when assisting with medications the staff are required to perform hygiene before and between assisting the residents with medications and should be telling the residents what medications they are being given and the reason they are being given. The Administrator confirmed Staff A did not follow proper procedure when assisting Residents #7, #8, #9, #10 and #11 with assistance of self administration of medications. On at 2:10 p.m., during an interview, the Director of Nursing (DON) said the staff when assisting with medications are to wash their	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964477	A. BUILDING: _____ B. WING _____	07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 052	Continued From page 15 . . . before assisting with medications and after, read the medications to the resident and perform . . hygiene after the med pass. The DON stated, "Staff should not be touching the pills with their bare . . . at all." The DON confirmed Staff A did not follow the proper procedure when assisting with medications for Residents #7, #8, #9, #10 and #11. Class III .	A 052		