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
	AL11965424	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 #2024006332 was conducted at Brookdale Lake Orienta Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on . . . . The facility had a deficiency at the time of the survey visit.	A 000		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition	A 031		

AHCA Form 3020-0001

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

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A 031	Continued From page 1 and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on the facility's documentation review and interview, the facility failed to provide choice counseling and document the method of	A 031		

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A 031	Continued From page 2 communication for services with a third-party provider in the record for 1 of 5 sampled residents (#5) as required. Findings: A review of the facility's third party policies and procedures named CS-100-3 effective date . . . . . , last revised . . . . . documented Third Party Healthcare Providers or Agencies (e.g. home health, hospice, ... , podiatry, and etc.) who wish to provide care and services to residents and have a service agreement with the residents, shall sign a Third Party Provider Access Agreement (Healthcare) and will supply documentation of services planned and delivered in the resident's record. Further review revealed there was no list of the third-party providers for residents to choose from. Resident #5's record review revealed an admission date of . The contract agreement was signed and executed on . Exhibit A of the contract agreement only listed the monthly basic rate of $3850.00 to include rent, meals, and housekeeping. Furthermore, a signed copy of Home Health agency choice with Bliss Specialty Healthcare dated . . . . . , that was directly through resident #5's Medicare benefits. (Photographic Evidence Obtained) On at 5:10 PM, an interview with the Health Wellness Director (HWD) and the Business Office Manager (BOM) explained that a verbal conversation was done with resident #5's family of choosing Bliss Specialty Healthcare through own Medicare benefits and that resident #5 would have to pay all services from this	A 031		

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A 031	Continued From page 3 company because it is not provided by the facility as a choice and it was requested a copy of resident #5's signed third party provider access agreement provided by the facility? The HWD confirmed the conversation was a verbal agreement and was not documented. Class III	A 031		