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
	AL11964197	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS THE COLONY	13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912

(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 An unannounced relicensure, limited nursing services, emergency power plan monitoring, visitation form, and complaint #2023003109 & #2023013069 survey was conducted on through at Brookdale Fort Myers The Colony, an assisted living facility in Fort Myers, Florida. Complaint # 2023003109 was unsubstantiated Complaint # 2023013069 was Substantiated without deficient practise. The following is a description of the deficiencies: .	A 000		
A 076 SS=D	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at:	A 076		

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http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,
2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.
(b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy.
(c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.
(2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896.
(3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows:
(a) In the event a resident experiences or , staff trained in , ( ) or a health care provider present in the facility, may withhold (, , , and).

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A 076	Continued From page 2 (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to verify a DH Form 1896, Florida ( ), was properly executed and failed to follow-up with the resident or resident's representative on the request to withhold , , ( ) in the event the resident experienced or , for 1 (Resident #7) of 1 resident reviewed. The findings included: Record review of Brookdale Senior Living's ( ) Policy RR-6 dated and last revised on , states: Under Policy Detail . . . 3. Community's Responsibility: a. Verification and documentation of the resident's Order/POLST [Physician Orders for Life Sustaining Treatment], in the resident record. . . . c. The nurse or designee will maintain a system of identification of the residents' Order/POLST upon move-in and periodically thereafter. 1. Record review of Resident #7's admission record showed an admission date of . His personal service plan dated indicated that he did not have a on file and was deemed "FULL CODE" (a full code status means that a medical team will do everything possible to save	A 076		

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A 076	Continued From page 3 a patient's life if their and stop working). Record review of Resident #7's health record showed a Florida form dated on with a completed physician's statement. The form did not contain a completed patient's statement, patient signature or responsible party's signature. Record review of Resident #7's personal service plan dated on showed that the resident did have orders on file. Record review of Resident #7 's progress notes indicated that on , he was found drooped to the floor forward and 911 was called. Emergency Medical Services ( ) responded and performed for 15 minutes until was called. Record review of Lee County Emergency Medical Services Patient Care Record documented that Bystander was not done due to patient having a , however on arrival, it was found to be incomplete and therefore invalid, therefore procedures were initiated. During an interview on at 3:50 p.m., the Health and Wellness Director stated, "If they do not have a , then they will automatically be put into our system as a full code, and we will have a discussion with the family to determine that is their wish if they should be found unresponsive. I will have the discussion about the legal form for the State of Florida and how that differs from an advance directive that may not be legally binding. Usually, those conversations will happen if the resident starts to decline and maybe needs hospice services, but it depends on how the resident is doing. If the	A 076		

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A 076	Continued From page 4 document is not complete, then I would talk to the health care provider and the POA (power of attorney) and then I would bring it to their attention to see that it's completed immediately. The is invalid if not complete, and they will be deemed a full code status until the form is completed." Class III .	A 076		
A 093 SS=D	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 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	A 093		

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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 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

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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 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, 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, and interview, the facility

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A 093	Continued From page 7 failed to conspicuously post a current menu accessible to residents. The findings included: On at 9:15 a.m., a weekly menu was observed posted outside the dining area dated Sunday, , to Saturday, . It detailed the breakfast, light meal, main meal, and snacks menu. During an interview on at 4:40 p.m., the Executive Director (ED) said that the Kitchen Manager was responsible for changing the menus but admitted that they were new. The ED acknowledged that the menus should be dated appropriately and that the menus had not been updated. "Photographic evidence obtained" Class III	A 093		