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
	AL11965390	A. BUILDING: _____ B. WING _____	10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST MELBOURNE	7199 GREENBORO DR WEST MELBOURNE, FL 32904

(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 #2024012052 and a Limited Nursing Service (LNS) licensure monitoring were conducted on at Brookdale West Melbourne memory care Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision to 1 of 3 sampled residents who eloped from the facility (#1). Findings: A review of resident #1's record revealed she was admitted to the facility, a secure memory care facility, on . Her record contained a resident Health	A 025		

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A 025	Continued From page 2 Assessment form (1823) dated . Her diagnoses included , , , and . She required supervision with ambulation and transfer. She was alert and . A review of the facility notes found on at 4:12pm the Director of Wellness documented - on Sunday resident #1 eloped at approx. 8:50pm. Staff B found the resident lying in the grass outside of the employee exit in the -fenced yard. No signs of injury. She did have insect bites. On at 9:10am resident #1 was observed walking the hallways. She was unable to recall elopement and unable to answer simple questions due to decline. On at 10:15am the administrator confirmed resident #1 eloped from the secure memory care facility because the magnetic alarm on the A-hall was not functioning properly and the backup screamer alarm did not function because it was missing from the door. She said the alarms were fixed and functioned properly after resident #1 eloped. The screamer alarms were replaced. They are working with an alarm company to replace the whole system because of its age and a possible electrical short which would make the alarms not function at times. She was unable to say when the alarm stopped functioning properly. She said Maintenance checks it weekly. After resident #1 eloped they implemented a check 3x daily. Once each shift. On at 2:40pm an interview with staff B was conducted. She confirmed she found resident #1 in the grass behind the facility when she was taking the garbage out on at	A 025		

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A 025	Continued From page 3 about 8:40pm. She said the door to the A-hall was open and the alarm was not working. She said the administrator and maintenance came and fixed the alarm. They now do a check every shift to ensure it is functioning. Class III	A 025		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 4 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: A review of resident #1's record revealed she was admitted to the facility, a secure memory care facility, on . Her diagnoses included , , , and . She was able to ambulate without an assistive device. She required supervision with ambulation and transfer. A review of the facility notes found on resident #1 eloped at approximately 8:50pm. Staff B found the resident lying in the grass outside of the employee exit in the fenced yard. No signs of injury. She did have insect bites. On at 10:15am an exit door check was completed with the Administrator. 15 second delay magnetic locks were on each door. The alarm started to sound as soon as the door was pushed. Once the doors were open the screamer	A 152		

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A 152	Continued From page 5 alarms sounded on A, B, C, and D halls exit doors. The administrator confirmed the magnetic alarm on the A-hall was not functioning properly when the night resident #1 eloped. The up screamer alarm did not function because it was missing from the door. She said the alarms were fixed and functioned properly after resident #1 eloped. The screamer alarms were replaced. They are working with an alarm company to replace the system because of its age and a possible electrical short which would make the alarms go off at times. Class III	A 152		