

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/30/2024
NAME OF PROVIDER OR SUPPLIER GREAT AMERICAN ALF LIVING COMMUNITY AT BRDI		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208		
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CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830			

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide evidence of a submitted Comprehensive Emergency Management Plan (CEMP). Findings included: A review of the facility's records conducted on revealed their approved CEMP plan was last approved on During an interview conducted on at 12:15pm with the Administrator she confirmed the CEMP has not been submitted for 2024. Class III	CZ830			
A 000	Initial Comments A Re-licensure, in conjunction to a Complaint Survey (complaint number 2024012349) and a generator monitoring survey was conducted at Great American Assisted Living Community of Bradenton on . Deficiencies were identified at the time of survey.	A 000			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep	A 054			

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A 054	Continued From page 3 either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to four residents (Resident #1, Resident #2, Resident #7, and Resident #11) of four sampled residents. Findings Included:	A 054			

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A 054	Continued From page 4 A record review of the MORs conducted on for Resident #1, Resident #2, Resident #7, and Resident #11 revealed blanks with no comment code or staff initials next to multiple prescribed medications. There were no exceptions or follow up/chart codes noted. During an interview conducted on with the Health and Wellness Director at 11:46am, they stated it should not be blank, it should be documented as refused or out of facility. The Health and Wellness Director agreed there were multiple holes in the MORs. Photographic Evidence Obtained. Class III	A 054		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee 's personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living	A 081		

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A 081	Continued From page 5 facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and,	A 081			

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A 081	Continued From page 6 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 7 other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure for 3 (Staff A, Staff B and Staff C) of the 4 sampled staff, who performed direct care for residents, had all their required training completed. Findings included:	A 081			

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A 081	Continued From page 8 A review of employee records conducted on _____ revealed that Staff A who had a hire date of _____, was missing documentation for completing: 2-hour pre-service orientation, 1-hour _____ control, 3-hour Activities of daily living and behavioral need, 1-hour Major Incidence, 1-hour resident rights, 1-hour safe food handling, and elopement trainings. An attempted record review conducted on _____ revealed Staff B who had a hire date of _____ had no record provided to be reviewed. A review of employee records conducted on _____ revealed that Staff C who had a hire date of _____, was missing documentation for completing: 2-hour pre-service orientation, 1-hour _____ control, 3-hour Activities of daily living and behavioral need, 1-hour Major Incidence, 1-hour resident rights, 1-hour safe food handling, and elopement trainings. During an interview conducted on _____ at 12:15pm with the Administrator she confirmed the records were not provided for review. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on	A 082		

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A 082	Continued From page 9 and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 (Staff A, Staff B and Staff C) of 4 sampled staff had completed a one-time education course on and acquired (and), within 30 days of employment. Findings Included: Employee record review conducted on revealed Staff A who had a hire date of was missing documentation of completing a one-time education course on and An attempted record review conducted on revealed Staff B who had a hire date of had no record provided to be reviewed. Employee record review conducted on revealed that Staff C who had a hire date of was missing documentation of completing a one-time education course on and During an interview conducted on at 12:15pm with the Administrator she confirmed the records were not provided for review. Class III	A 082			

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A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure for 3 (Staff A, Staff B and Staff C) of 4 sampled staff hold a valid card documenting completion for First Aid and (). Findings included: During an employee record review conducted on revealed that Staff A who had a hire date of was missing documentation of completion of first aid and training.	A 083		

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A 083	Continued From page 11 An attempted record review conducted on _____ revealed Staff B who had a hire date of _____ had no record provided to be reviewed. During an employee record review conducted on _____ revealed that Staff C who had a hire date of _____ was missing documentation of completion of first aid and _____ training. During an interview conducted on _____ at 12:15pm with the Administrator she confirmed the records were not provided for review. Class III	A 083			
A 090 SS=D	59A-36.011(11) FAC Training - (11) _____ TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding _____ (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding _____ within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 (Staff A, Staff B and Staff C) of	A 090			

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A 090	Continued From page 12 4 sampled staff had 1-hour () training. Findings included: During an employee record review conducted on ... Staff A who had a hire date of did not have a certificate of completion for the required 1-hour training. An attempted record review conducted on revealed Staff B who had a hire date of had no record provided to be reviewed. During an employee record review conducted on Staff C who had a hire date of did not have a certificate of completion for the required 1-hour training. During an interview conducted on at 12:15pm with the Administrator she confirmed the records were not provided for review. Class III	A 090		
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	A 152		

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A 152	Continued From page 13 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 height 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 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 observation and interview, the facility failed to provide a safe living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order. Findings Included: During an interview conducted on _____ at 11:10am with Resident #8, they stated they have a lot of major concerns, the facility is dirty, and	A 152			

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A 152	Continued From page 14 the facility is not properly cleaning and treating things as needed. They also stated Resident #15's room has mold on the bathroom walls, and they just wipe it down and it keeps coming . In an observation conducted on _____ at 11:21am, there was bio-growth on the ceiling and walls of Resident #15's bathroom. In an observation conducted on _____ at 11:24am, there were water droplets coming from condensation on a square metal cover in the ceiling of a resident hallway. There was a bucket on the ground below the ceiling. There were also wet spots on the surrounding ceiling tiles. In an observation conducted on _____ at 11:26am, there was bio-growth with dark red rust spots on multiple square metal covers in the ceiling of a resident hallway. In an interview with the Executive Director conducted on _____ at 12:55pm, she stated she wasn't aware of the leaking AC vents. She also stated she wasn't aware of any bio-growth in resident rooms and hallways but will go look throughout the facility to fix them. Photographic Evidence Obtained Class III	A 152			
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275	A 161			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/30/2024
NAME OF PROVIDER OR SUPPLIER GREAT AMERICAN ALF LIVING COMMUNITY AT BRDI			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 7TH AVENUE EAST BRADENTON, FL 34208		
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A 161	Continued From page 15 (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), F.A.C. (b) The facility is not required to maintain	A 161			

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A 161	Continued From page 16 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 maintain personal records for each staff member for 1 (Staff B) of 4 sampled staff. Findings Included: An attempted record review conducted on _____ revealed no record was available for Staff B. During an interview conducted on _____ at 12:15pm with the Administrator she confirmed no record was available. Class III	A 161			
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . . , 3. Race, 4. Date of birth,	A 162			

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A 162	Continued From page 17 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if	A 162		

If continuation sheet 19 of 21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/30/2024
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A 162	Continued From page 19 a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain an updated and completed Agency for Health Care Administration (AHCA) Form 1823 assessment form (1823) for 1 of (Resident #7) of 2 sampled residents. Findings Included: A record review conducted on _____ for Resident #7, who was admitted on _____ revealed: Resident #7 was admitted to hospice services on _____, and during a review of Resident #7's 1823 revealed it had not been	A 162			

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A 162	Continued From page 20 updated to reflect resident was receiving hospice services and was signed and dated on During an interview conducted on _____ at 11:00am with the Administrator she confirmed the provided 1823 was the most recent available for review. (Photographic evidence obtained) Class III	A 162			