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
	AL11965335	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PALMER RANCH	5111 PALMER RANCH PARKWAY SARASOTA, FL 34238

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A 000	Initial Comments An unannounced complaint investigation for #2024005709 and an emergency power plan monitoring survey was conducted at Brookdale Palmer Ranch on . Complaint# 2024005709 was substantiated at A0032 and A0010. Deficiencies were identified at the time of survey. .	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) 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	A 010		

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A 010	Continued From page 1 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 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	A 010		

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A 010	Continued From page 2 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 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,	A 010		

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A 010	Continued From page 3 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 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	A 010		

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A 010	Continued From page 4 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 staff interview, the facility failed to update each resident's Health Assessment Form 1823 after any significant change for 1 (#4) of 3 residents reviewed. The findings included: Elopement Risk policy. Effective . Last revised on . Policy Overview: Residents who are at risk of elopement should be evaluated by a healthcare provider or mental healthcare provider within 30 calendar days of being admitted/moved into a community. The elopement risk is documented on the Florida 1823 Health Assessment Form. Policy Detail: 4. the risk for elopement will be identified in the residents service plan. Record review showed Resident #4 was admitted to the facility's memory care unit on . The Health Assessment Form 1823 for Resident #4 completed on , indicated Resident #4 was not an elopement risk. Resident #4 eloped from the facility on . There was no updated Health Assessment Form on record for Resident #4 after the elopement of . The Service plan for Resident #4 last updated did not address resident #4's elopement risk status. There was no updated service plan after Resident #4's elopement. Further review found no evidence of preventative	A 010		

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A 010	Continued From page 5 interventions for elopement put in place after Resident #4's elopement. On /25 at 4:00 p.m., during an interview, the Administrator and Health and Wellness Director (HWD) confirmed Resident #4's Health Assessment Form 1823 was not updated after the resident's eloped on , and there was no updated service plan after Resident #4's elopement including preventative interventions implemented after the elopement Class III .	A 010		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make,	A 032		

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A 032	Continued From page 6 at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.	A 032		

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A 032	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that residents deemed as an elopement risk had identification on their person that included their name, the facility's name, address, and telephone number. The findings included: Elopement Risk policy. Effective . Last revised on . Policy Overview: Residents who are at risk of elopement should be evaluated by a healthcare provider or mental healthcare provider within 30 calendar days of being admitted/moved into a community. The elopement risk is documented on the Florida 1823 Health Assessment Form. . . .Policy Details: 1. Residents living in a designated 's and Care community or unit shall be considered at risk of elopement. 2. a) Residents assessed as risk for elopement or with any history of elopement should have identification on their persons that includes their name and the community's name, address, and telephone number. . . 4. The risk of elopement will be identified in the resident's service plan. On at 8:30 a.m. during an interview, the Administrator said that all residents in the facility's memory care unit were deeded as an elopement risk. On at 8:40 a.m. during an interview, the Health and wellness director (HWD) said that all 29 residents in the facility's memory care unit were deeded as an elopement risk. On at 8:45 a.m. tour in the facility's	A 032		

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A 032	Continued From page 8 memory care unit indicated that none of the 29 residents had identification (ID) on their person that included their name, the facility's name, address, and telephone number. During interview on at 8:50 a.m., staff A Licensed practical nurse(LPN) confirmed none of the 29 residents in the memory care unit had identification on their person that included their name, the facility's name, address, and telephone number. Staff A said she was supposed to monitor during assistance with self administration of medication, but she did not since none of the residents had ID on their person. Staff A acknowledged that all residents in the memory care unit were deemed as an elopement risk and needed to have ID on their person as required On at 9:00 a.m., During an interview the Activities Director at the memory unit confirmed none of the 29 residents had ID on their person as required. The Activities Director confirmed that all residents in the memory care unit were deemed as elopement risk and needed to have ID on their person as required. On at 9:05 a.m., During an interview, the memory care Director confirmed none of the 29 residents had ID on their person that included their name, the facility's name, address, and telephone number. The Memory care Director said the residents had a tendency to take their ID off . She confirmed that all residents in the memory care unit were deemed as an elopement risk and needed to have ID on their person as required. Record review showed Resident #4 was admitted to the facility's memory unit on . The Health Assessment Form for Resident #4	A 032		

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A 032	Continued From page 9 completed on , indicated Resident #4 was not an elopement risk. Resident #4 eloped from the facility on . There was no updated Health Assessment Form 1823 on record for Resident #4 after he eloped on . The Service plan for Resident #4 last updated did not address resident #4's elopement risk status. There was no updated service plan after Resident #4's elopement. Further review found no evidence of preventative interventions for elopement implemented after Resident #4's eloped. Resident #4 was observed in his bedroom on at 9:05 a.m. Activities Director was present at the time of the observation. Resident #4 did not have ID on his person that included his name, the facility's name, address, and telephone number. The Activities Director confirmed at the time of observation that indeed Resident #4 had an elopement on and did not have any ID on his person that included his name, the facility's name, address, and telephone number. On /25 at 4:00 p.m., during an interview, the Administrator and HWD confirmed none of the 29 residents in the facility's memory care unit had ID on their person that included their name, the facility's name, address, and telephone number. The Administrator and HWD confirmed that there was no updated service plan after Resident #4's elopement including preventative interventions put in place to prevent any reoccurrence of elopement. Class III .	A 032		