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
	AL11967587	A. BUILDING: _____ B. WING _____	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENNITY AT MELBOURNE (THE)	7365 ORCHESTRA LN MELBOURNE, FL 32940

(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 survey for complaint #2024013647 and a generator monitoring were conducted on at Brennity at Melbourne Assisted Living Facility. There was a deficiency identified at the time of the survey.	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: 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	A 076		

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A 076	Continued From page 1 =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). (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 interviews, the facility failed to ensure there was documentation in the resident's record indicating whether a	A 076		

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A 076	Continued From page 2 Florida form (DH Form 1896) has been executed. The facility failed to have the executed DH Form 1896 readily available to medical staff in the event of an emergency for 9 of 54 residents reviewed. (#) Findings: A review of all 54 resident records found discrepancies in documentation of ( ). 1. A review of resident #1 record revealed she was admitted on . Her demographic sheet documented her Code Status as "None on file" There was no on file for review. On at 10:20AM in an interview with the Registered nurse from Hospice, she confirmed resident #1 did have a . 2. A review of resident #2 record revealed she was admitted on . There was no demographic sheet on file for review. There was no on file. On at 10:20AM in an interview with the Registered nurse from Hospice, she confirmed resident #2 did have a . 3. A review of resident #3 record revealed she was admitted on . There was no demographic sheet on file. After requesting the demographic sheet was provided. It documented her code status as " ( )". Her record did contain a signed by the Primary Care Provider (PCP) on . The demographic sheet was updated during the survey.	A 076		

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A 076	Continued From page 3 4. A review of resident #4 record revealed she was admitted on . A review of her demographic sheet found her Code status was documented as "None on file". Further review found a signed by her PCP on . The demographic sheet was updated during the survey. 5. A review of resident #5 record revealed she was admitted on . A review of her demographic sheet found her Code status was documented as "Full Code". Further review found a on file signed by her PCP on . The demographic sheet was updated during the survey. 6. A review of resident #6 record revealed he was admitted on . A review of his demographic sheet found it documented his Code status as "Full Code". There was no in file. A demographic sheet was provided after request. It documented his code status as " ( )". On at 11AM in an interview with the Registered nurse from Hospice, she confirmed resident #1 did have a . 7. A review of resident #7 record revealed he was admitted on A review of his demographic sheet found it documented his Code status as "full Code" Further review found a on file signed by PCP on . The demographic sheet was updated during the survey.	A 076		

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A 076	Continued From page 4 8. A review of resident #8 record revealed she was admitted on . There was no demographic sheet on file on file signed by PCP but not dated, making it invalid. A demographic sheet was provided after request. It documented her code status as " ( )". Resident Health assessment dated documented under Special precautions: "Full code" 9. A review of resident #9 record revealed she was admitted on . A review of her demographic sheet found her Code status was documented as "None on file". Further review found a on file signed by her PCP on . Resident Health Assessment documented " " under special precautions. The demographic sheet was updated during the survey. Upon review it was found to document her code status as "Full Code" and her advanced care order as " ( )". On at 9:38AM in an interview with unlicensed caregiver A, she was unable to recall how to identify residents who have 's. On at 9:42AM in an interview with Pathways Director. He said the information could be found in the resident files. On at 1:40PM during an interview with the Administrator, she said there is not one person in charge of coordinating care and following up on changes. She said all the nurses do that.	A 076		

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A 076	Continued From page 5 On at 3:15PM the administrator confirmed the findings. (Photo Evidence Obtained) Class III	A 076		