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
	AL11965026	A. BUILDING: _____ B. WING _____	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919

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A 000	Initial Comments A relicensure, emergency power plan monitoring, health facility reporting system, and complaint investigation for #2025009150 survey was conducted at Brookdale Fort Myers Cypress Lake on through . Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 1 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 2	A 052		

administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the

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A 052	Continued From page 3 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to orally advise 3 (Residents #14, #15, and #16) of the name and strength of the , , during medication assistance. The facility failed	A 052		

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A 052	Continued From page 4 to perform hygiene between Residents (#15 and #16) of 3 residents observed The findings included: On at 1:17 p.m., observed Medication Technician (MT) Staff E assist with for Resident #14. Staff E said, "I have your ." Staff E did not orally advise of the name of the , or the dose of the . On at 4:11 p.m., observe MT Staff F assist Resident #15 with spray, oral, and medications. Staff F did not perform hygiene. Staff F made multiple glove changes and did not perform hygiene after removing or before applying the gloves. Staff F did not orally advise #15 of the names or doses of the medication. Staff F exited the room and began the next medication assistance. On at 4:26 p.m., observe Staff F assist with meds for Resident #16 who sat in the sitting area where the medication cart was plugged in. Staff did not perform hygiene after last medication assistance or before this one. Staff F removed the medications for #16 from the medication cart and put the medications in the cup. Staff F applied gloves and assisted with . Staff F gave Resident #16 the medications and said, "I have your and clot medication." Staff F did not orally advise of the names or the doses being given. On at 4:32 p.m., during an interview, Staff F looked for a bottle of sanitizer on or in the medication cart or in her pocket and confirmed there was none. Staff F confirmed she did not perform hygiene between Residents #15	A 052		

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A 052	Continued From page 5 and #16. Staff F said she was aware she should have washed or used the sanitizer between the residents, but she did not. Staff F acknowledged she failed to orally advise of the names and doses of the medications except for the , given to the residents. Staff F said she was trained that she should, but she did not. On at 11:13 a.m., during an interview Licensed Practical Nurse Staff D said all staff must perform hygiene between residents. She said they should orally advise the residents of the medication names and doses if there are no waivers. On at 1:30 p.m., during an interview, Staff E said she did not know she needed to orally advise of the dose of medications being given and will add it to her practice. On at 11:45 a.m., during an interview the Executive Director (ED) said there are no medication waivers and the staff must orally advise the residents on the names and doses of the medications they assist with. On at 2:37 p.m., during an interview, the Director of Nursing (DON) said staff should apply hygiene or wash between residents when assisting with medications. The DON said staff should also orally advise the residents of the names and doses of the medications they are assisting with, as there are no medication waivers. Class III	A 052		

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ814	Continued From page 1	ZZ814		

(d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview, the facility failed to ensure newly hired employees had Level 2 background screening employment status updated within 5 business days on the Agency's Background Screening Clearinghouse (Clearinghouse) website. for 3 (Administrator, Staff D, and Staff L) of 7 employees reviewed.

The findings included:

Record review of the Administrator's employee file showed a hire date of . The Administrator was added to the roster on . Past the 5 days as required.

Record review of Staff D's employee file showed a hire date of . Staff D was added to the roster on . Past the 5 days as required.

Record review of Staff L's employee file showed a hire date of . Staff L was added to the

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ZZ814	Continued From page 2 roster on . Past the 5 days as required. During an interview on at 2:38 p.m., the Administrator acknowledged the late additions and stated that the person responsible for adding them to the Clearinghouse has since been terminated. Unclassified "Photographic Evidence Obtained"	ZZ814		