

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/05/2026
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAKE MARY			STREET ADDRESS, CITY, STATE, ZIP CODE 150 MIDDLE STREET LAKE MARY, FL 32746		
(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 Two (2) complaint investigations #2026002485, #2026002733, and generator monitoring was conducted at Brookdale Lake Mary on - . The facility had deficiencies at the time of the visit.	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 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,	A 010			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 010	Continued From page 1 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 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	A 010		

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A 010	Continued From page 2 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, or the facility has a limited nursing services license and services are provided pursuant to a plan of	A 010			

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A 010	Continued From page 3 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 resident record reviews and interviews, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 3 of 6 sampled residents (#2, #4, #5) as required in an assisted living facility (ALF). Findings: 1. Review of Resident #2's 1823 health assessment revealed nursing service requirements as continue with therapies with home health. A facility note on _____ at 3:43 PM, give 0.5 mg every 6 hours for crisis care ~ hospice nurse. A facility note on _____ at 8:43 PM, give 0.5 mg ~ , every 6 hours for crisis care. A facility note on _____ at 3:30 PM, hospice nurse performed general assessment on resident. A facility note on _____ at 1:26 PM, resident is on hospice services, and his ~ is being monitored by hospice. A hospice certification of _____ illness indicated start date _____ and end date _____.	A 010			

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A 010	Continued From page 5 2. Review of Resident #4's 1823 health assessment revealed nursing service requirements indicated hospice. On at 11:20 AM, during an interview with the POA she stated resident #4 was receiving hospice services with Vitas. Review of the resident record revealed on she was discharged from AdventHealth Hospice Care. On at 1:44 PM, the Wellness Director confirmed Resident #4 was receiving hospice services with Vitas and will check the system for the start date. On at 2:40 PM, the Wellness Director provided the initial plan of care from Vitas Hospice dated . The facility failed to obtain a new 1823 for the continual change of conditions when the resident was discharged and re admitted to hospice services. 3. Review of Resident #5's 1823 health assessment documented a medical history of mild and non-applicable for special precautions. An incident report - off site dated stated resident signed out before leaving the community. The police arrived at the facility and stated that the resident had a and was transported to the hospital for further evaluation. On at 10:12 AM, Resident #5 was observed	A 010		

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A 010	Continued From page 6 sitting outside in the patio area, stating everything was fine and had not issues. On at 8:35 AM, Resident #5 was observed walking along the sidewalk of the street and entrance to the facility's parking lot. On at 10:45 AM, Licensed Practical Nurse D stated the resident likes to go outside a lot and walk around the parking lot and along the sidewalk. Adding, the police came to the facility to make them aware that the resident had on the side of the road and was transported to the hospital. She stated she verified the resident signed out and then called the hospital and his family. On at 11:25 AM, the Wellness Director stated she would check to see if there was a new 1823. On at 1:44 PM, the Wellness Director stated there was no new 1823 obtained identifying the resident as a risk after the incident. On at 2:40 PM, the Administrator and Wellness Director confirmed the findings providing no additional documentation. (photographic evidence obtained) Class III	A 010		