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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENNITY AT MELBOURNE	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 . . . . . Change of ownership (CHOW) survey was conducted. The facility had deficiencies found during the visit.	A 000		
A 076	58A-5.0186 FAC . . . . . (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to . . . . . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . . . . . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. Written information concerning the ALF ' s policies regarding ; and 3. Information about how to obtain DH Form 1896, Florida . . . . . Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident '	A 076		

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A 076	Continued From page 1 s record indicating whether or not he or she has executed a . . . . . If a . . . . . has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed , the ALF must document in the resident ' s record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a . . . . . . (3) . PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed . . . . . as follows: (a) In the event a resident experiences , staff trained in or a licensed health care provider present in the facility, may withhold (b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a . . . . . and rules adopted by the department.	A 076		

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A 076	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on facility record review and interview the facility failed to have written policies and procedures, which delineated its position with respect to state laws and rules relative to ... policy and procedures and liability pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C. Findings: Review of the facility's ... Policy and Procedure revealed the policy did not include the required documentation to the residents or their representatives at the time of admission. The policy and procedure did not include the following: In the event a resident is receiving hospice services and experiences ... facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. Interview with the administrator on ... at approximately 2:30 PM who stated the ... policy needed to be revised. Class III	A 076		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ... including ... Freedom from	A 078		

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A 078	Continued From page 3	A 078		

. . . . . must be documented on an annual basis. A person with a positive . . . . . test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . . . . . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable . . . . . he/she shall be removed from duties until the administrator determines that such condition no longer exists.

(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.

(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and

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A 078	Continued From page 4 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review, personal record review and interview the facility failed to ensure that all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications to 1 of 10 sampled residents (#2) and failed to ensure 2 of 3 sampled staff (Staff A and C) had an annual statement from their health care providers documenting freedom from [illegible]. Findings: 1. Record review for resident #2 revealed a Resident Health Assessment Form (1823) that was dated [illegible] with diagnosis that included Parkinson's [illegible] and left wrist [illegible]. The 1823 noted that the resident required Medication Administration. The Administrator stated on [illegible] at approximately 3:45 PM that the unlicensed staff was providing assistance with the self-administration of medications to resident #2 and the nurses were not administering the medication as the health care provider ordered. 2. Personnel record review for Staff A and Staff C revealed that Staff A was hired on [illegible] and the only documentation to confirm that she was free from [illegible] was dated [illegible] and was signed by a Licensed Practical Nurse (LPN). Staff C was hired on [illegible] and the only documentation to confirm that she was free from	A 078		

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A 078	Continued From page 5 was dated The administrator stated on at approximately 3 PM, that she had reviewed their personnel record and could not find any documentation to confirm that the above staff had an annual freedom from statement that was completed by their health care providers. Class III	A 078		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings;	A 093		

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A 093	Continued From page 6 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in	A 093		

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A 093	Continued From page 7	A 093		

the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food

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A 093	Continued From page 8 preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure menus were dated and planned at least one week in advance, kept on file for 6 months and the substitution list was maintained. Findings: Review of the cycle menus and substitution list revealed the menus were signed by the dietitian on [redacted] were not dated, or planned one week in advance, kept on file for 6 months and the substitution list was not maintained. Interview with the Food Service Manager on [redacted] at approximately 2 PM who stated he had recently started working in the facility and he was unable to locate the previous menus or the substitution list. He stated the menus were not dated and planned a week in advance. Also, the menus were not kept on file for 6 months and the substitution list was not current. Class III	A 093		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the	A 167		

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A 167	Continued From page 9	A 167		

facility which contains the following provisions:
(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.

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A 167	Continued From page 10 (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the contract included a provision that residents must be assessed every three years, or after a significant change for 2 of 10 sampled residents (#1 & 2). Findings:	A 167		

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A 167	Continued From page 11 Review of contracts for resident #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract. Interview with the administrator on [redacted] at approximately 2:30 PM revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract. Class	A 167		
AE206	58A-5.030(7) FAC ECC - Service Plans (7) SERVICE PLANS. (a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s ability to meet the resident ' s needs. (b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required: 1. Health monitoring; 2. Assistance with personal care services; 3. Nursing services;	AE206		

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AE206	Continued From page 12 4. Supervision; 5. Special diets; 6. Ancillary services; 7. The provision of other services such as transportation and supportive services; and 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of " shared responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences. (d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that prior to admission a preliminary service plan was developed and within 14 days of admission to extended congregate care (ECC), the supervisor coordinated the development of a written service plan which took into account the resident's health assessment, the resident's unique physical and psychosocial needs and preferences, and how the facility will meet the resident's needs of 2 of 2	AE206		

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AE206	Continued From page 13 sampled (#2& #3). Findings: Record review for resident #2 revealed a Physician Order sheet that was dated _____ that noted wear support stockings put on in the AM off in the PM. The Resident Care Director stated on _____ at 2 PM that resident #2 wore support stocking and the staff were assisting him with the application and removal of the support stockings. She stated that there were no service plans created because she was not aware that the application and removal of support hose was and ECC service. During the facility tour at approximately 9:30 AM resident #3 was identified by the administrator as receiving ECC services for application of Resident record review for resident #3 revealed he was admitted to the ECC upon admission to the facility on _____. Continued record review including the ECC documentation revealed that a service plan was not available. The Resident Care Director stated on _____ at 2 PM that the service plan had not been developed yet. Class III	AE206		
AE207	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program may	AE207		

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 _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENNITY AT MELBOURNE	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
AE207	Continued From page 14 provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output; 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.; 6. Supervision of residents with and 7. Health education and counseling and the	AE207		

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 _____	

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

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AE207	Continued From page 15 implementation of health-promoting programs and preventive regimes; 8. Provision or arrangement for rehabilitative services; and 9. Provision of escort services to health related appointments. (c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are: 1. Authorized by a health care provider ' s order and pursuant to a plan of care; 2. Medically necessary and appropriate for treatment of the resident ' s condition; 3. In accordance with the prevailing standard of practice in the nursing community; 4. A service that can be safely, effectively, and efficiently provided in the facility; 5. Recorded in nursing progress notes; and 6. In accordance with the resident ' s service plan. (d) At least monthly, or more frequently if required by the resident ' s service plan, a nursing assessment of the resident shall be conducted. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that nursing services were provided in accordance with the prevailing standard of practice in the nursing community and did not record nursing treatments in the nursing progress and allowed a Licensed Practical Nurse (LPN) to conduct nursing assessments for 2 of 2 residents (#2 and #3), in a	AE207		

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 _____	

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BRENNITY AT MELBOURNE	7365 ORCHESTRA LN MELBOURNE, FL 32940

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AE207	Continued From page 16 sample of 10, who received Extended Congregate Care (ECC) services. Findings: 1. Record review for Resident #2 revealed a Physician Order sheet that was dated [redacted] that noted wear support stockings put on in the AM off in the PM. The Resident Care Director stated on [redacted] at 2 PM that resident #2 wore support stocking and the staff were assisting him with the application and removal of the support stockings. She stated that there were no nursing progress notes or monthly nursing assessments because she was not aware that the application and removal of support hose was and ECC service. 2. During the facility tour at approximately 9:30 AM resident #3 was identified by the administrator as receiving ECC services for application of Resident record review for resident #3 revealed he was admitted to the ECC upon admission to the facility on [redacted] Continued record review including the ECC documentation, revealed the monthly nursing assessment for [redacted] 2013 was conducted by a Licensed Practical Nurse (LPN) and co-signed by a Registered Nurse (RN). Resident Care Director stated on [redacted] at 2 PM that she was not aware that the assessment could not be conducted by an LPN. Class III	AE207		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

Dear Administrator:

Re: CCR #CHOW w/ECC

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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