STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966697	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRENNITY AT VERO BEACH(THE)	**7975 17 LANE VERO BEACH, FL 32966**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure with Extended Congregate Care survey was conducted on , and , at The Brennity at Vero Beach. The facility had deficiencies found at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interviews, the facility failed to ensure residents or their legal representatives received required information needed to properly obtain written informed consent related to assistance with self-administration of medications for 2 of 2 sampled resident records (Residents #1 and #11).

The findings include:

During the entrance conference conducted at 9:20 AM, the Administrator stated they use unlicensed staff to assist residents with self-administration of medications. Review of records revealed both Residents #1 and #11 required assistance with self-administration of medications and received same. Review of their resident agreements dated for Resident #1 and for #11 conducted revealed the following concerns:

1. Page 26 of Resident #1's resident agreement, under the section titled "Unlicensed Personnel Providing Assistance with Self Administration of Medications" disclosed, "The "Community" will have unlicensed personnel assisting the Resident with self-administration of medication. Resident has been informed of the State Law regarding the administration of medication and understands the required provisions under Section 429.256, F.S. Resident's signature indicates as an agreement to written consent that Resident has been informed of the State Law and have received and understand our Admission Criteria, Elopement/Missing Resident policy (attached), policy (attached) and Unlicensed Personnel for assistance with medication(s)."

2. Pages 34 through 36 of Resident #11's resident agreement, titled "Addendum I: Self-Administration Policy" essentially contained regulatory language excerpted from the Florida Statutes and Administrative Code related to self-administered medications, pill organizers, assistance with self-administration, medication administration, medication records, medication storage and disposal, medication labeling and orders, and over-the-counter products.

Further review of the two resident agreements revealed that Resident #1's agreement did not inform the resident or her legal representative of the professional qualifications of unlicensed staff who would assist her with self-administration of medications. Per Florida Statute 429.256(a) and (b), both resident agreements did not advise the resident or their legal representative that an assisted living facility is not required to have a licensed nurse on staff and whether those unlicensed staff will or will not be overseen by a licensed nurse. Neither resident agreement informed the resident or their legal representative that and "unlicensed" person means "an individual not currently licensed to practice nursing or medicine".

This was discussed with and acknowledged by the Administrator on at 10:02 AM.

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Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review, and interview, it was determined the facility failed to ensure that staff that provided medications within the prescribed time parameters for 2 of 5 sampled residents (Residents #13 and #14). The findings include:
Observation of medication pass starting at 9:30 AM on by the licensed practical nurse (LPN) in the Cypress Grove secured unit revealed the following:
1) Resident #13 on at 9:30 AM received the following medications:
a) K-Dur 20 MEQ, one tab (scheduled for 8:00 AM)
b) 2.5mg, one tab (scheduled for 8:00 AM)
c) 40mg, one tab (scheduled for 8:00 AM)
d) 2.5mg, one tab (scheduled for 8:00 AM)
e) 625mg, one tab (scheduled for 8:00 AM)
2) Resident #14 on at 9:57 AM received the following medications:
a) Omega 3, 2 tabs (scheduled for 8:00 AM)
b) XR 28 MEQ, one cap (scheduled for 8:00 AM)
c) Q-10 100, one tab (scheduled for 8:00 AM)
d) MVI, one tab (scheduled for 8:00 AM)
e) Vit D 1000 IU, one tab (scheduled for 8:00 AM)
f) Vit one tab (scheduled for 8:00 AM)
Review of the 2015 Medication Records for Residents #13 and #14 documented the scheduled times of 8:00 AM for all of the above medications provided.
During interview with the licensed practical nurse (LPN), conducted on beginning at approximately 10:00 AM, she confirmed that she works the 7:00 AM - 3:00 PM shift on a routine basis. She stated she was the nurse who provided all of the medications to the residents in this secured unit. There was no explanation for the residents' medications provided over an hour after the prescribed time of 8:00 AM listed on their 2015 Medication Records.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interviews and record review, the facility failed to ensure staff members who may provide extended congregate care to residents, for 2 of 3 sampled Employees (Employees A and C).

The findings include:

Review of personnel files for Employees A, B and C conducted beginning at 11:05 AM revealed no

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 2

documentation showing they received the required training as follows:

1. Employee A for emergency preparedness and evacuation, incident reporting and facility policies and procedures.

2. Employee B for elopement response, emergency preparedness and evacuation; incident reporting, residents rights, neglect and , and facility policies and procedures.

3. Employee C for elopement response, emergency preparedness and evacuation; incident reporting, residents rights, , neglect and and facility policies and procedures.

In an interview conducted at 12:50 PM, the Administrator stated he believed they had the certificates but needed to print them out. He repeated this in an interview on at 11:15 AM. At the time of writing this report, no certificates were received.

Class

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, record review and interviews, the facility failed to ensure their menus were reviewed annually by a qualified person.

The findings include:

Observations of the facility's current weekly menus posted in two kitchens and review of records presented by the facility's Chef and Food Service Designee (FSD) on at 9:30 AM revealed no approval signature by a qualified person such as a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals served by the facility meet the required nutritional standards. The FSD, present during the observations and review stated he believed he had approved menus on file.

In an interview conducted with the FSD on at 8:15 AM, he stated he did not. He later presented a copy of weekly menu that was approved on He confirmed he could not locate menus approved by a qualified person on an annual basis. This was discussed with and acknowledged by the Administrator on

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure residents or their legal representatives received

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required information related to refunds (Resident #1) and non-emergency notice of discharge out for 2 of 2 sampled resident records (Residents #1 and #11).

The findings include:

Review of Resident #1 and #11's resident agreements dated for Resident #1 and for Resident #11 conducted revealed the following concerns:

1. Review of Resident #1's contract revealed:
a. None of the required language related to refunds.
b. Page 4, Item 4.2 titled Termination disclosed, "Any Party may terminate this Agreement at any time by giving written notice, forty-five (45) days in advance ...". According to Florida assisted living resident rights, the facility may not require more than 30 days advance notice from a resident who wishes to terminate their agreement.

2. Review of Resident #11's contract revealed Page 4, the section titled Termination of Agreement disclosed, "Either party may terminate this Agreement at any time by giving at least thirty (30) days' prior written notice to the other party." at the beginning of this section, and at the end of the same section disclosed in bold print, "Notwithstanding the foregoing, [facility] shall comply with all requirements of Florida law and regulation regarding 45 days' notice of relocation or termination for medical reasons, unless an exception applies." This language is contradictory. Florida assisted living resident rights stipulate the facility may not require more than 30 days advance notice from a resident who wishes to terminate their agreement. Florida Statutes require the facility provides 45 day written notice to a resident prior to discharge unless there is an urgent medical or safety reason to discharge them sooner.

This was discussed with and acknowledged by the Administrator on at 10:02 AM.

Class III

E205 - ECC - Health Assessment - 58A-5.030(6) FAC

Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed at least annually for 1 out of 2 sampled residents (Resident #11) who received services under the facility's Extended Congregate Care (ECC) license.

The findings include:

During review of the records for Resident #11, it was revealed that the last health assessment was completed on The resident was currently receiving ECC services, treatments, total care with ADL's (activities of daily living) and care. An annual assessment had not been completed as required.

The administrator stated during interview on at 11:20 AM,

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that the resident had started ECC services at various times for the aforementioned care needs but the start of care for each service was not documented. It could not be determined through review of the records that the resident had a completed health assessment within 60 days prior to the start of ECC services, and annually upon admission to the ECC program.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record review and an interview, the facility failed to ensure the ECC (extended congregate care) written service plan was completed for 2 out of 2 sampled residents (Resident #1 and #11) who received services under the facility's Extended Congregate Care (ECC) license.

The findings include:

a) During review of the records for Resident #11, it was revealed that the resident was admitted on . The resident was currently receiving ECC services, treatments three times a day, total care with ADL's (activities of daily living) and care (emptying and recording output). There was no written service plan on file with the ECC service specified and start of care date and the resident's agreement for services indicated. Additionally, there was no documentation to show the ECC service plan was reviewed and updated at least quarterly. There were copies of the facility's "Care Plan" present with various dates on the printouts, without specific ECC services listed and start of care dates for each service, and quarterly reviews noted as required.

b) During review of the records for Resident #1, it was revealed that the resident was admitted on . The resident was currently receiving ECC services, monitoring 24 hours a day, every day. There was no written service plan on file with the ECC service and the resident's agreement for services indicated. The only documentation of the ECC service present was a copy of a previous facility's "Care Plan", dated (prior to the resident's admission), indicating the resident "uses O2 at 3L (liters) per minute via N/C (nasal canula)".

The administrator stated during interview on at 11:20 AM that the residents had started ECC services at various times for the aforementioned care needs but the start of care for each service was not documented. It could not be determined through review of the records that the residents had service plans prior to the start of ECC services, written and on file within 14 days of the start of service, including the residents' agreement with the services, and quarterly reviews as required.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on interviews and record review, the facility failed to ensure staff members who may provide extended

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congregate care to residents, for 2 of 3 sampled Employees (Employees A and C).

The findings include:

During the entrance conference conducted at 9:20 AM, the Administrator stated all their caregiver staff members are trained for extended congregate care. Review of personnel files for Employees A and C conducted beginning at 11:05 AM revealed no documentation showing they received the required six hours of training in extended congregate care services within six months of hire.

In an interview conducted at 12:50 PM, the Administrator stated he believed they had the certificates but needed to print them out. He repeated this in an interview on at 11:15 AM. At the time of writing this report, no certificates were received.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brennity At Vero Beach (The)
7975 17 Lane
Vero Beach, FL 32966

Dear Administrator:

This letter reports the findings of a Biennial Standard Relicensure and Extended Congregate Care Survey that was conducted on 2015 by representative from this office.

Attached is the provider's copy of the State (5000-3547) 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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