STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	11/07/2018
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OCOEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 NORTH CLARK RD** **OCOEE, FL 34761**	

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

0000 - Initial Comments

Complaint Investigation #2018011762 was conducted on . Brookdale Ocoee, License #9731, had deficiencies at the time of the investigation.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents who experienced a significant change had a -to- medical examination by a health care provider that was recorded on a health assessment form 1823 (#4).

Findings:

Resident #4's record revealed a facility admission date of . The record contained only three 1823 health assessment forms, dated , , and .

A health care provider's progress note, dated , indicated that she had a , on her region, which was a significant change and required a new 1823 at that time.

The record did not contain documentation prior to to indicate a , existed.

Although an 1823 was completed on , it was not initiated by the facility but rather by the hospital, when she was sent there on for , .

On at 9 a.m., the health and wellness director said a new 1823 was not completed when resident #4 developed a , and she was unable to provide additional documentation.

Photographic evidence obtained.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to provide adequate supervision for 1 of 5 sampled residents who suffered a (#4), and failed to implement interventions to prevent the worsening of a , for 1 of 5 sampled residents (#4).

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Findings:

Resident #4's record revealed a facility admission date of . An admission 1823 health assessment form, dated , indicated that she had a diagnoses of and required supervision with ambulation, eating, and toileting and assistance with bathing, grooming and transferring. She lived in the facility's secured memory care unit.

Facility notes revealed that on , a caregiver reported that she had a on her right and , her was mildly , and there were small bumps around the .

Hospital discharge instructions, dated , indicated she was treated for a .

A health care provider's order, dated , indicated that Triple and a bandaid was to be applied to the on her right .

A health care provider's progress note, dated , indicated that she was seen for a skin check. She was sent to the emergency room (ER) the previous week for on her right , and the ER reported that she had a on her right . In addition, she had a on her region.

A facility note, dated at 1:30 p.m., revealed she had an open area on her right .

A facility note, dated at 4:30 p.m., indicated that she had a small on her right that had hard edges.

Hospital discharge instructions, dated , indicated that she was seen for an open on her right .

A hospital clinic note, dated , indicated that she was seen for a on her right and . The of the was unknown. She presented with small and an open on her right and . Her right thumb, first web space, and volar had superficial partial thickness , a few intact and an open area of less than 1 centimeter (cm.). She had a pink, moist, and blanching open on her radial . The injuries were in a spill pattern running in lines to the volar and .

A health care provider's order, dated , indicated home health care was to treat her for

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care and she needed a wheel chair cushion for a , on her right .

A facility note, dated , indicated a new area of was observed on her right , approximately 1 inch long. An was made with a dermatologist, she was seen on the same day and returned to the facility with an order for , an , and , a . (webmd.com).

A facility note, dated , indicated a new was observed on her right . Her family wanted her sent to the hospital. On she returned from the hospital.

A home health note, dated , indicated that she had a on her right ischium that measured 2.5 cm. by 2.5 cm. by 0.2 cm., and that it increased in size with a red, beefy bed.

An 1823, dated , indicated that she had a diagnoses of , her physical and sensory limitations were "complete total", her special precautions were ", and ", she required total assistance with ambulation, assistance with bathing, , grooming and transferring, she was bedridden and she had a , 3 or 4 .

A home health note, dated , indicated that the right measured 1.5 cm. by 2.5 cm. by 0.3 cm. and contained eschar in the bed.

On she was admitted to hospice services.

An 1823, dated , indicated that she had , she was bedridden, she required total assistance with all of her care, she had an and on her right , she required 24-hour nursing care and her needs could not be met in an Assisted Living Facility (ALF.)

The limited documentation available for review in the facility regarding the on her / /ischium/ was not consistent in describing the type and location of the . The facility did not have documentation to clarify any of the information, and did not have documentation to indicate the facility intervened to prevent the worsening of the . In addition, she had a diagnoses of and lived in the secured memory care unit. Therefore, the facility did not provide adequate supervision when she suffered a on her right .

On at 3:59 p.m., the health and wellness director said she conducted an investigation into the that resident #4 sustained and said she did not find a cause. She then said it turned out not to be a but rather was a from Bullous Pemphigoid that the resident was later diagnosed with.

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"Bullous pemphigoid occurs when your system a thin layer of tissue below your outer layer of skin. The reason for this abnormal response is unknown, although it sometimes can be triggered by taking certain medications." (mayoclinic.org). An opportunity was provided for her to provide documentation from a health care provider indicating this however, she was unable to do so. In addition, she said that although no interventions were documented, the staff turned and repositioned the resident to prevent worsening of her .

On at 10:45 a.m., the health and wellness director provided a facility history report for resident #4 but she said the documentation on the report was created using the notes of other providers, not that of the facility's.

Photographic evidence obtained.

Class II

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on record reviews and interview, the facility failed to provide 1 of 2 sampled residents with at least 45 days notice of termination of residency (#3).

Findings:

Review of the facility's admission and discharge log revealed resident #3 was discharged on due to management request for non-payment.

Resident #3's record revealed a 45-day discharge notice, dated , for non-payment but the record contained a facility note, dated , which was indicative that she still lived in the facility six months after the notice was issued.

On at 11:45 a.m., the business office manager said resident #3 was not discharged following the notice because the money owed was paid. He said she behind again in payments, so she was discharged in .

On at 12:45 p.m., the business office manager provided a 45-day discharge notice, dated , for an outstanding balance. However, the notice did not contain documentation to indicate the resident or responsible party received the notice. There were unsigned signature lines on the notice. The business office manager said the previous administrator delivered the notice to the resident's

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husband and the letter was sent via certified mail to the family. A request was made to review the certified return receipt but he was unable to provide one.

Photographic evidence obtained.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of FloridaHealthFinder, observations, record reviews and interviews, the facility failed to acquire an alternate power source prior to implementing its emergency environmental control plan, failed to notify in writing, within five business days, each resident and the resident's legal representative when its plan was implemented, and failed to develop written procedures to address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury.

Findings:

Review of the FloridaHealthFinder website on at 3:57 p.m. revealed the only information available was that the facility was granted an extension to implement its emergency environmental control plan until .

Review of the facility's approval letter from the county's office of emergency management revealed its plan was approved on . The approved plan indicated that the facility's alternate power source was a Kohler 150 Kilowatt (kW) fixed generator that powered the entire facility, including air-conditioning for the entire facility and a net square footage of 42,194.

On at 9:15 a.m., the administrator provided the facility's consumer-friendly summary of its plan and an email that she said was proof the summary was submitted to the Agency for Health Care Adminsitration (AHCA) on . The summary indicated the facility's alternate power source was a Generac 400 kW fixed generator that powered the entire facility, including the air-conditioner, and that the plan was fully implemented on .

On at 10:53 a.m. the administrator said the facility's policies and procedures for its plan did not contain a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy, and wellness checks by facility staff to monitor for signs of and heat injury.

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On at 11:15 a.m., the maintenance supervisor said the facility's current generator was 150 kW and was not able to power the chillers that would cool the air-conditioner in the event of a power outage. He said the facility was going to purchase a new 300 kW generator that would power the chillers and allow the entire facility to be cooled to meet the temperature requirements of the rule. He said 3 months was the projected time frame of installation of the new generator, and in the event of a power outage prior to installation, the facility had a "few portable fans".

On at 11:27 a.m., observations made with the maintenance supervisor revealed the available power source was a fixed Kohler 150 kW generator. He said the current generator was going to be replaced with the new generator.

On at 12:15 p.m., the administrator provided a letter, dated , in which the residents and responsible parties were notified when the facility submitted its plan for review and approval. However, she said written notification was not provided when the facility implemented its plan on .

The facility's approved plan indicated its current generator was sufficient to meet the cooling requirements, which was not true. Additionally, the facility fully implemented its plan without having the generator that was listed on the summary submitted to AHCA.

Class III